

Growth Group Leader Intake Form

Parksville Fellowship Baptist Church

Name:

Address:

Email:

Home Phone:

Cell Phone:

Occupation:

Names of Spouse / Children:

ABOUT YOUR GROUP

Do you host and lead your group in your home? **Y N**

Would you be interested in leading a Growth Group, but having a different host so that you would meet in their home?

Y N

What night do you meet?

What time?

Where do you meet?

What is the maximum number of people you can have, or expect to have, in your group?

Who would your group appeal to? (ie seniors, all ages, middle-aged, etc)

ABOUT YOU

How long have you been at Parksville Fellowship Baptist Church?

Have you been in a Growth Group before? **Y N**

Have you lead a Growth Group before? **Y N**

How did you become a Christian? Share about your faith story if you like!!!

Do you have any hobbies or interests you would like to share?

Are you involved in serving God in any other capacity at Parksville Fellowship Baptist Church? Have you served in any other leadership positions in the past? List the ministries you have been involved with.

Why are you interested in leading a Growth Group? Share your passion and vision for this ministry opportunity!!!!