

LBCF Small Group Facilitator Application

(Confidential)

Name:

Home Phone:

Cell Phone:

E-mail:

Address:

City:

Zip:

Age: 18-25

26-35

36-45

46-59

60+

Professional Vocation:

I am:

Married

Single

Years Attended LBCF: 0-6 Mos.

6 Mos. - 1 ½ Yr.

1 ½ - 3 Yr

3 - 5 Yr.

5+ Yr.

Are you a member at LBCF? Yes No

How many times per month on average do you attend church? 1x 2x 3x 4x

Comments:

PRIOR SMALL GROUP EXPERIENCE (at LBCF and elsewhere)

CURRENT MINISTRY INVOLVEMENT (list areas and roles)

Briefly share your spiritual story (before, how, & after giving life to Christ):

Are you currently leading a small group?

What type of small group would you like to lead?

What is your purpose for this small group?

What Day:

Time:

Location:

Duration:

Size:

Personal References:

1. LBCF member

Name:

Relationship:

Phone:

2. LBCF staff member or volunteer leader

Name:

Relationship:

Phone:

I have read through and am in agreement with the following documents(available at www.lbcf.org):

- (1) [LBCF Doctrinal Statement](#)
- (2) [LBCF Mission Statement](#)
- (3) [LBCF Core Values](#)

I commit to live my life as a follower of Jesus Christ wholeheartedly, with integrity.

I commit to grow in my relationship with God and with others.

Signature

Date

FOR OFFICE USE ONLY

Notes: _____

—Community—

Interviewing Leader Signature

Date

encounter

transformation