

# Leadership Application

Please fill out completely and print clearly.

## PART ONE - Leader Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

## PART TWO - LifeGroup Ministry Directory Form

### Leader Information

Have you been to a JFC LifeGroup Leader Orientation?  Yes  No

Have you led a JFC LifeGroup before?  Yes  No

### Group Information

Session  Fall  Winter  Spring

Name of Group: \_\_\_\_\_

Clear and concise description of Group: *(please note that LifeGroups information is advertised to the community and complete information is required)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who is the group for? \_\_\_\_\_

What do they need to bring? \_\_\_\_\_

Meeting location: \_\_\_\_\_

Date & time: \_\_\_\_\_

Cost: \_\_\_\_\_

If meeting at church, do you require equipment or technology? Please list:

\_\_\_\_\_  
 \_\_\_\_\_

Will you provide child care?  Yes  No

If yes, please list requirements (i.e.: age group, cost per child (if any), etc.):

\_\_\_\_\_  
 \_\_\_\_\_

**Please check only 1 or 2 topics your LifeGroup should be listed under:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arts and Crafts   | <input type="checkbox"/> Bible              | <input type="checkbox"/> Book Study         |
| <input type="checkbox"/> Children          | <input type="checkbox"/> College & Careers  | <input type="checkbox"/> Cooking            |
| <input type="checkbox"/> Couples           | <input type="checkbox"/> Drama              | <input type="checkbox"/> Family & Parenting |
| <input type="checkbox"/> Fellowship        | <input type="checkbox"/> Finances           | <input type="checkbox"/> Fine Arts          |
| <input type="checkbox"/> Health & Fitness  | <input type="checkbox"/> Helps              | <input type="checkbox"/> In Workplace       |
| <input type="checkbox"/> Men               | <input type="checkbox"/> Mentoring          | <input type="checkbox"/> Missions           |
| <input type="checkbox"/> Music             | <input type="checkbox"/> Musical Production | <input type="checkbox"/> Outreach           |
| <input type="checkbox"/> Personal Ministry | <input type="checkbox"/> Prayer             | <input type="checkbox"/> Recreation         |
| <input type="checkbox"/> Seniors           | <input type="checkbox"/> Singles            | <input type="checkbox"/> Special Needs      |
| <input type="checkbox"/> Technology        | <input type="checkbox"/> Topical            | <input type="checkbox"/> Video Series       |
| <input type="checkbox"/> Women             | <input type="checkbox"/> Youth              |   |