

## **Life Group Leader's Application Form**

Thank you for your desire to partner with us in our mission at WRBC. In order for us to help you determine whether Life Group leadership is the right way for you to serve, please answer the following questions to the best of your ability. All information will be kept confidential by church leadership.

Please note the following:

- Completing this form does not guarantee a position as a Life Group leader.
- Should you end up serving in this role, the Associate Pastor of Adult Ministries, acting on behalf of the church leadership, may at any time request that you step down from this position if there is just cause.

## **Personal Information**

Name		
Email		
Cell Number		
Home Number		
Address		
Birthday (MM-D	D-YYYY)	
Gender		
Occupation		
Employer		

## **Spiritual History**

Are y	ou a to	ollower	of Jesus	Christ and	do yo	u acknow	ledge t	:hat I	He is	the ru	ler ot	your I	ite:
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Yes No

If yes, briefly describe your spiritual journey (how you came to know Jesus as Saviour) and what you are currently doing to grow in your relationship to Him.
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Do you fully agree with WRBC's Purpose Statement, Values, and Statement of Faith? These can be found on our website:
https://whiterockbaptist.ca/about-us/what-we-believe
https://whiterockbaptist.ca/about-us/our-purpose-values
Yes No
If no, please explain:
Approximately when did you start attending White Rock Baptist Church?
If you started less than 6 months ago, what church did you attend previously? Please provide a reference from that church.
List any churches you have regularly attended in the last 5 years as well as present or previous ministry experience.

Do you re	egularly attend 2 or more services a month at White Rock Baptist Church?
Yes	No
Are you a	a member of White Rock Baptist Church?
Yes	No
	i been baptized? If yes, please give the date of baptism and the church where you were baptized. If se explain.
Yes	No
Have you	been a regular attendee of a Life Group in the last year?
Yes	No
What ber	nefits have you personally received from participation in a Life Group?
Are you c	currently serving in another area of ministry at White Rock Baptist Church?
Yes	No
If yes, in	what role?
What gift	ts, training, education or other qualifications do you bring to Life Group leadership?

Group Compatibility				
What are the main reasons that you desire to lead a Life Group?				
Please circle your preferences with regard to the kind of Life Group you would like to lead:				
Group composition: Mixed Group/Women's Group/Men's Group/Seniors/Young Adults/Couples				
Time: Daytime/Evening				
Day: Weekday/Weekend				
Meeting frequency: Weekly/Bi-weekly/Monthly				
Location: At your home/At the church/At someone else's home/Rotating hosts among the group				
Study type: Bible study/Topical study/Sermon-based study/Alpha				
Any other preferences?				
Would you be co-leading with a spouse?				
Yes No				
If yes, your spouse must also fill out an application.				
References				
Please provide two character references who have 1) known you for at least 2 years and 2) have observed				
you in a Life Group or other ministry setting.				
1) Name:				
Relationship:				
Contact info:				
2) Name:				

Relationship:
Contact info:
Is there any other information you believe we should know that has not been covered in this application?
Signature:
Date:
Thank you for your application!