

**Life Group Leader Questionnaire**  
(Confidential)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Completed: What We Believe Yes  No  Member: Yes  No

Co-Leader Name(s)\* \_\_\_\_\_

\*Each will complete their own Life Group Leader Questionnaire

**Spiritual Story** (What were the circumstances surrounding the time that you truly became a Christian?)

**Share your Parkview Story** (When and how you came to Parkview Christian Church)

**Life Group and/or Ministry Experience** (if any)

**Life Group Facilitation/Leader Experience** (if any)

**Personal Strengths**

**When do you plan on beginning the group?** (Day/time/location, if known)

**Personal References:**

1. Staff member or volunteer leader

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Parkview member

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Other

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

To submit completed form you may drop it off at the Community Life Kiosk, fax to (708) 478-5686, ATTENTION: Leslie Piscia, mail to Parkview Christian Church, Attn: Leslie Piscia, 11100 Orland Parkway, Orland Park, IL, 60467, or email to [leslie.piscia@parkviewchurch.com](mailto:leslie.piscia@parkviewchurch.com)