

Small Group Leader Application
(Confidential)

Name _____

Address _____

Phone No. Home: _____ Work: _____ E-mail: _____

Member: Yes No Completed: 101 201 301 401 SHAPE Interview

Co-Leader Name(s) _____

Division Leader's Name (To be assigned) _____

Type of Group: Couples Couples and Singles Singles Men's Women's

Share your Fellowship of The Woodlands Story (When and how you came to Fellowship of The Woodlands)

Spiritual Story (Before, how, & after giving life to Christ)

Small Group and/or Ministry Experience

Small Group Facilitation/Leader Experience

Personal S.H.A.P.E. (Spiritual gifts & personal strengths)

Questions about small group leadership

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. Fellowship of The Woodlands member

Name _____ Relationship _____ Phone _____

3. Other

Name _____ Relationship _____ Phone _____

Please fax completed form to: (936) 321-0579, ATTENTION: MARK HOWELL

Or return to: FELLOWSHIP OF THE WOODLANDS, Attn: Mark Howell, One Fellowship Drive, The Woodlands, TX 77384

Revised 4/24/2003