



Keystone Church  
 3375 Saline Waterworks Rd.  
 Saline, MI 48176  
 734-944-5397  
 keystonechurch.us



Office Use Only:
Date Interviewed: _____
Interviewed by: _____
Approved: Yes No

## Small Group Leader Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

For how long have you been attending Keystone? \_\_\_\_\_

Names, Ages, DOB of Children (if applicable)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe your spiritual journey:

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List any previous volunteer/leadership experience and any recent training that has contributed to your growth as a Christian or helped prepare you to be a group leader:

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Are you currently part of a Keystone small group? Yes No

How long do you think you could commit to leading a group? 1 year 1½ years 2 years

What do you hope to give and gain by leading a group?

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If you have led a small group before, please describe when, where, and for how long:

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Please list any areas where you have served or are currently serving at Keystone:

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Are you a member of Keystone Church? Yes No

Have you been baptized? Yes No

Are you financially supporting Keystone Church? Yes No

Do you have any concerns about being qualified to lead a small group? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Before attending Keystone Church, what was your church background?

Name of Church	Denomination	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_ I have read the **GroupLife Leader Covenant** and the **Adult Small Group Leader Overview** and I understand and agree to the requirements and commitments stated in each document.