

Columbus Avenue Youth Ministry

2009-2010 Family Group Leader Interest Form

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____
School: _____

Tell about when you accepted Christ as your Savior:

How are you growing spiritually in your life right now?

Why do you want to serve as a leader for a group of younger students?

What gifts and strengths do you believe you will bring to this ministry?

What are your concerns about being a Family Group leader?

Are you able to make the commitment of Wednesday nights?
Family Group leader meeting at 6:30 PM: _____
Reunion from 7:00-8:00 PM: _____
Are you able to make the commitment of Sunday mornings?
Sunday Morning Bible Study at 9:30 AM: _____

ON THE BACK, PLEASE LIST 8 UNDERCLASSMEN WHO YOU WISH TO BE IN YOUR FAMILY GROUP. WE WILL DO OUR BEST TO HAVE 2 OF THOSE IN YOUR GROUP.

APPLICATIONS DUE BY AUGUST 20, 2009