

LIFE GROUP LEADER APPLICATION

Please submit this application at the Connection Center or Main Office...

So, you're interested in leading a Life Group? Great! We celebrate your interest in this important leadership role. We want to support and equip you to lead a successful group, so we have put some quick and easy steps in place that will help you as we embark on this journey...together!

Leadership Prerequisites:

1. Live spirit-filled life as a Christ follower.
2. Carry the Metro Tab vision
(*Dream Catcher, faithful attendance and tithe 10%*)
3. Complete MTC CONNECT

When your application has been processed:

1. Meet with the Director of Ministries
2. Attend the Leader's Training
3. Attend Life Group Coaching Luncheon

Our Life Groups play an integral role in the mission of our church. A Life Group Leader serves and encourages a growing group of people with integrity, faithfulness and positive leadership. A Life Group leader walks with God and takes responsibility to love and influence people as they continue to grow their walk with the Lord.

LEADER INFORMATION:

Leader Full Name _____

Leader Address _____

City _____ St _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Have you joined Metro Tab as a covenant member? Yes No

Have you fully completed the Metro Growth Track (*Metro 101-201*)? Yes No

Is your church attendance consistent? Yes No

Do you consistently tithe 10%? Yes No

Have you been baptized in water by immersion? Yes No

Are you free from all habits/addictions?
If you answered no, please specify _____

Co-Leader Full Name _____

Co-Leader Address _____

City _____ St _____ Zip _____

Email _____ Cell Phone _____

Have you joined Metro Tab as a covenant member? Yes No

Have you fully completed the Metro Growth Track (*Metro 101-201*)? Yes No

Is your church attendance consistent? Yes No

Do you consistently tithe 10%? Yes No

Have you been baptized in water by immersion? Yes No

Are you free from all habits/addictions?
If you answered no, please specify _____

Please fill out group info on the back before submitting...

GROUP INFORMATION:

Desired Semester: Spring (Feb-May) Fall (Aug-Nov)

Group Type: Men Women Married Singles Young Adults
 Senior Adults Class

Meeting Day: _____ Meeting Time: _____

Meeting Occurrence: Weekly Bi-Weekly (Monthly (Which week? 1st, 2nd, 3rd or 4th?) _____)

Meeting Location: Home Various Locations (TBA) Metro Tab (Room) _____

Childcare: Yes No (Parents supervise children.) No (Adults Only.)

Desired Group Name & Description: _____

**Please Note: This is subject to change.*

Curriculum Used: _____ N/A

I pledge that the information on the application is accurate and complete...

Leader Printed Name

Leader Signature

Date

Co-Leader Printed Name

Co-Leader Signature

Date

FOR OFFICE USE ONLY

Interview Date ____/____/____

	<u>LEADER:</u>	<u>CO-LEADER:</u>
Membership confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance record confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Giving record confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed MTC CONNECT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Leader Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Interview Notes _____

Approved: Yes No Note: _____

Director of Ministries Signature

Lead Pastors Signature