

# FALL YOUTH OVERNIGHT 2017

## Small Group Leader Application 10th-12th Graders

Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Best Phone \_\_\_\_\_ Email \_\_\_\_\_

(You must have email so that we can send the manual in advance.)

Have you ever lead a small group before? \_\_\_\_\_ If yes, what did you learn from the experience? If not, what is a meaningful small group experience you have had?

What does your faith mean to you and how do you show your faith in your everyday life?

How are you involved at your home church?

What strengths would you bring to your small group?

Why do you want to be a FYO Small Group Leader?

I understand that if I am selected to serve as a Small Group Leader I will be expected to come prepared to lead a group of my peers and serve as a model for community building. I will study the Small Group Manual Prior to arriving at FYO and enthusiastically lead my group. As an SGL I will be honest, open and welcoming to all members of my group.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Youth Leader Endorsement** (or Pastor, Clerk of Session, CE Chair)

I support this applicant's participation as an SGL if s/he is selected to serve.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_