



Sixth Avenue Baptist Church Small Group Leader Application

Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

Email Address: _____

Home phone: _____ Cell Phone: _____

How long have you been a member of Sixth Avenue Baptist Church? _____

Are you currently serving in a ministry? Yes No

If yes, please list _____

Small Group Name: _____

Brief description of small group: _____

Small Group Meeting Day and Time (must meet at least once per month) _____

Potential Meeting Locations (i.e. homes, restaurant, community center, gym, various locations):

Target audience (i.e. age and/gender)

How has a personal relationship with Christ impacted your life?

Generation to Generation

Growing Together