

4. Have you ever received biblical counseling through our church? Yes No
If so, when were you in counseling and for what issue(s)?

Dates in Counseling / # of Weeks: _____

Issue(s) addressed in Counseling:

Small Group Background

1. Are you currently in a small group? Yes No
2. Who is your current small group leader? _____
3. How long have you been a part of their small group? _____
4. Is your current small group leader aware and supportive of your desire to lead? Yes No
5. Describe your experience with small groups (either as a leader or member) at Rock Point or previous churches.

Small Group Leadership

1. Why do you want to lead a small group at Rock Point?

2. What are you most excited about in regards to leading a small group? What is your biggest concern?

3. How do you think God has gifted you to love and lead people? What are your leadership strengths?

4. What are some of your weaknesses? What kinds of things hold you back from loving and leading people well?

Small Group Leadership Commitment

1. Have you read and agree to abide by the Small Group Leader Role Description?

Yes

No

I would like to talk more about it

2. Our Small Group Leaders are on the front lines of everyday care to those in their Small Group. Do you agree to provide care by coming alongside and addressing the needs of those in your Small Group?

Yes

No

I would like to talk more about it

3. We offer occasional training events throughout the year in order to equip leaders. Do you agree to attend these training events to the best of your ability?

Yes

No

I would like to talk more about it

4. Please list 2-3 references (non-family) of those who know you well. If possible, please include a Rock Point staff member or a pastor.

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

My responses to the questions in this "Small Group Leader Interest Form" are truthful and accurate to the best of my knowledge.

Signature: _____

Date: _____