



ATLANTICSHORES

BAPTIST CHURCH

Life Group Leader Application

Date _____

Name _____

Spouse Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Have you completed the Life Group Leader Training Yes No

Are you a member of Atlantic Shores Baptist Church? Yes No

Are you in agreement with the ASBC Statement of Faith? Yes
No

Have you read and will you abide by the Ministry Team Covenant?
 Yes No

Who have you recruited to start the life group with you?

1. _____

2. _____

3. _____

4. _____

What type of Life Group would you like to start? Geographic
 Affinity Gender

Are you willing to commit to the leadership of this Life Group for at least one year? Yes No

Signature

Signature