



LIFEGROUPS

LEADER APPLICATION

Please fill out the application in full. In the event a question does not apply to you, put "n/a" for not applicable. We value your privacy and will protect all information provided. Thank you for your interest in leading a group.

Return completed application to your Campus Leadership/Life Group Coordinator.

First Name: _____ Last Name: _____

Meeting Location Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best Time to Contact: _____

Email: _____

Victory Life Campus You Attend : _____ How Long?: _____

Preferred Service(s) You Attend: _____

Personal Reference: _____ Contact Info: _____

Have You Attended A Life Group: _____ Which One: _____

Group Information

Tell us about your Life Group

What is the name of your group? _____

Is your group? (check all that apply)

Kid friendly Age Specific Invite Only

When will your group start?

Spring Semester Summer Semester Fall Semester It is an existing group

Where will you be meeting? My Home Host Home Online Other: _____

Day and time you will be meeting? _____

Commitments & Background

Have you completed the Life Group Leader Training Yes No

Have you read and agree to the honor code, leadership commitment, and abuse policy acknowledgment found on pages 14-16 of the leadership training guide? Yes No

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment? Yes No

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse or sexual harassment? Yes No

Have you ever been charged, arrested, or convicted of a felony or misdemeanor? Yes No
If yes, please list year of occurrence. _____

Have you ever been reprimanded as a student or employee for harassment of another individual or other inappropriate behavior with another individual? Yes No
If yes, please list year of occurrence. _____

Additional Information: _____
