



SUBGROUP LEADER APPLICATION

NAME

DATE OF BIRTH

/ /

GENDER

MALE

FEMALE

ADDRESS

CITY

ZIP

PHONE

CELL PHONE

EMAIL

EMPLOYER/SCHOOL ATTENDING

MARITAL STATUS

SINGLE

ENGAGED

MARRIED

DIVORCED

WIDOWED

SPOUSE NAME

DATE OF BIRTH

/ /

ANNIVERSARY

/ /

CHILDREN

NAME/AGE

NAME/AGE

NAME/AGE

NAME/AGE

NAME/AGE

How long have you been a part of Ax Church? How did you hear about us?

Have you read Ax Church's "Closed Handed Beliefs" and do you agree with them?
(www.axchurch.com/aboutus/)

YES

NO

LOVE GOD. LOVE EVERYONE.

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Do you see Ax as your “home church”?

YES

NO

Have you led a lyfe group? When?

What Subgroups have you been a part of in the past? What was your role in these groups?
(Leader, Co-Leader, Helper, Attendee)

Have you participated in kindness opportunities Ax Church has offered you?
Which ones and how did you help?

Why are Subgroups so important at Ax Church?

GENERAL LEADERSHIP

What leadership positions have you held? (sports captain, small group leader, manager, boy scout leader, etc...)

What would you say are your strengths? (list at least three)

What would you say are your weaknesses? (list at least three)

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ADDITIONAL PERSONAL QUESTIONS

What are your passions, interests, and hobbies? (art, golf, singing, acting, fine food, etc...)

Describe your current relationship with the Lord. How do you connect with God?

Do you have consistent accountability in your life? Explain.

Are you currently giving tithes / offerings at Ax Church?

YES

NO

SOMETIMES

LOVE GOD. LOVE EVERYONE.