

C.I. Group Leader Application

Name (First & Last)	Age	Gender	Marital Status
Address			
City	State	Zip	Birthdate (mm/dd/yy)
Home Phone (including area code)	Work Phone (including area code)	E-mail Address	

Married couples: Husband and wife should fill out separate leader applications

- Have you completed TRAX 1, Vision Saturday? Yes No
- Have you completed TRAX 2, Win One Make One? Yes No
- Have you completed TRAX 3, Builders? Yes No
- Have you completed TRAX 4, Prayer School 1? Yes No

Do you have any experience being involved with a TCC C.I. Group? If so, which ones?

Briefly describe the small group you would like to start.

Which type of C.I. Group do you see yourself targeting? Connect Grow Reach

Are you willing to be a Group Assistant? Yes No

What kind of group do you plan to lead? (Please check all that apply)

- | | | |
|---------------------------------------------|-----------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Women my age | <input type="checkbox"/> Married and Engaged Couples |
| <input type="checkbox"/> Men my age | <input type="checkbox"/> Women of varied ages | <input type="checkbox"/> Married Couples Only w/o children |
| <input type="checkbox"/> Men of varied ages | <input type="checkbox"/> Single Moms | <input type="checkbox"/> Married Couples Only w/ children |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

- Junior High
- High School
- College Age
- Other: _____

OFFICE USE ONLY	
Date _____ / _____ / _____	Approval _____

Please complete both sides of the application.....

For the following questions, if answering affirmative please attach an explanatory statement.

Answering affirmatively will not necessarily bar you from volunteering.

- Are there any facts or circumstances involving you or your background that might call into question your involvement in an environment where children or youth are present? Yes No
- Have you ever been investigated by the Department of Social and Health Services, including, but not limited to, Child Protective Services? Yes No
- Have you ever been arrested, charged or convicted of any crime or released from prison? Yes No
- Have you ever had a driver's license suspended or revoked for any reason? Yes No
- Are you involved in any private or public activity that is inconsistent with accepted Biblical standards of conduct?
 Yes No
- Have you been asked to leave a church for any reason? Yes No

Please list all other churches you have attended regularly within the last five years. (List both the church name and pastor)

THE COUNTRY CHURCH - RELEASE AND AUTHORIZATION OF RELEASE OF INFORMATION

In accepting a position of leadership at The Country Church, I understand my responsibilities to live an exemplary life of Christian character, I therefore state: I have received Jesus Christ as my personal Lord and Savior. I have been baptized in water and in the Holy Spirit, and believe in the evidence of speaking in other tongues. Prayer and personal Bible study are an active part of my life and I believe the Bible is the inspired Word of God that has the answer for our every need. I understand my obligation to be an example to the church and avoid anything that might cause someone to stumble, (Matthew 18:6, Romans 14:13) and therefore commit myself to avoid the appearance of evil and abstain from sexual immorality, alcoholic abuse and the use of illegal drugs and pornographic materials. If I cannot keep this commitment, I understand it would jeopardize my position and could result in my resignation or dismissal.

To Whom It May Concern:

I authorize The Country Church to contact any person or entity to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, governmental agencies and references that I listed in my application. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including, but not limited to, Child Protective Services, to release information concerning me. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my application or not) who provides information or references about me to The Country Church or its employees or agents. I also hereby release and agree to hold harmless The Country Church and its past, present and future directors, officers, employees, volunteers, and agents with respect to the obtaining or such information about me. I waive any right I might have to inspect the references provided on my behalf.

A copy of this release shall be as effective as a signed original.

I have read this release and authorization of release of information, and enter it freely and voluntarily.

Signature Date

Print Name

Revised, April 2009

PLEASE RETURN COMPLETED FORMS TO THE BOTTOM FILE OUTSIDE OF PASTOR CAROLYN'S OFFICE