



Ax Church

LYFE GROUP LEADER APPLICATION

NAME

DATE OF BIRTH

/ /

GENDER

MALE

FEMALE

ADDRESS

CITY

ZIP

PHONE

CELL PHONE

EMAIL

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

Do you see Ax as your "home church"?

YES

NO

Why are lyfe groups so important to Ax Church? (in your own words)

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

What Subgroups or lyfe groups have you been a part of in the past?

What was your role in these groups? (Leader, Co-Leader, Helper, Attendee) Use the back of this paper.

LOVE GOD. LOVE EVERYONE.