



# Ax Church

## LYFE GROUP LEADER APPLICATION

**NAME**

**DATE OF BIRTH**

/ /

**GENDER**

**MALE**

**FEMALE**

**ADDRESS**

**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/](http://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.**