

SMALL GROUP INVOLVEMENT FORM

Provide the following information: Please PRINT CLEARLY. Leave the completed form at the Connections Café center. Thanks for your interest in Grace Small Groups!

Name: _____

Address: _____

Have you been involved in a Small Group in the past? Yes No

2. Your age range:

18-25 25-30 30-35 35-45 45-50 50-55 55-60 60-65 65+

3. Do have small children? Yes No

4. What are your expectations for being in a Small Group?

- Build relationships with others
- Study the Bible with others in a more intimate environment
- To have a support network of fellow believers
- To feel more a part of the church
- Other: _____

Have you ever lead a Small Group?

Yes No If yes, give brief history: _____

6. Will you be attending the Small Group alone?

Yes No If no, how many will accompany you? _____

7. How did you hear about Small Groups at Grace?

- Literature
- Bulletin
- Word of Mouth
- Sunday announcement
- Special presentation
- Other: _____

8. I can best be reached to further discuss being placed in a Small Group at

Home #: _____ Work#: _____

Cell# _____ E-mail: _____

9. Is driving distance a major factor to being involved in a Small Group:

Yes No

10. Best day and time for small group meeting :

Day _____ Time _____

11. Do you have any other additional comments or questions pertaining to small groups?