

'THE POWER OF FIVE'
CONNECT, GROW AND SERVE
SMALL GROUP MINISTRY SIGN-UP/SURVEY

You are invited to commit to a 5 SESSION experience in Christian Community. Daring to believe that God is present when “two or three are gathered in His name”

_____ **YES, I/we would like to be in a small group.**

_____ **NO, not at this time** _____ **I/we are already in a small group**

_____ **YES, I/we would like to be a LEADER (training provided).**

NAME(s) _____
 Please Print!

TELEPHONE # _____ **E-MAIL** _____

Groups will be formed based on the preference results of this sign-up/survey. Please fill out with as much detail as possible.

TYPE OF GROUP: Check ALL that apply

AGE BASED	INTEREST BASED	ACTIVITY GROUPS
Intergenerational	Young Marrieds	Crafters
Teens	Parents with Young Children	Scrap bookers
Young Adults	Parents of Teens	Music
35-50	MOMs	BIBLE study
50-65	Professionals	Gardeners:
65+	Empty Nesters	Games
Other:	Retirees	Other:
Other:	Widows/widowers	Other:

DAY OF WEEK: Choose one or more and rank by preference.

Mon: _____, Tues: _____, Wed: _____, Thurs: _____, Fri: _____, Sat: _____, Sun: _____

TIME OF DAY: Most groups will meet for 1 ½ to 2 hours. Choose one or more and rank by preference

Morning _____ Afternoon _____ Early Evening _____ Evening _____

MEETING FREQUENCY: Twice a month _____ Once a Month _____

INTENSITY OF BIBLE STUDY: Easy/Casual _____ Moderate _____ Challenging _____

COMMENTS: _____
