

How do I begin a conneXtions Small Group?

1. Pray about it! Spend time asking God:
 - A. To help you know what kind of conneXtions Small Group is in your heart.
 - B. To give you direction and wisdom as you go through the process of beginning a group.
 - C. To lead you to people to join your group.
2. Fill out the conneXtions Small Group application for approval. Please fill out the application completely and accurately; the information provided will be used for advertising.
3. Once the application is completed, please leave application at the Information Center or give it to one of the Pastors.
4. Prior to beginning your group, please recruit two to three people to join your small group.

If you have questions please contact the church office at 931-537-9830.



conneXtions Small Groups

205 W. Wall St., Algood, TN 38506
Phone: (931) 537-9830
Fax: (931) 537-3086
Email: mail@trinityalgood.com
Web: www.trinityalgood.com

LEADER INFORMATION

Date Submitted: _____

Name:	Phone:
Email Address:	Would you like your contact information published? <input type="checkbox"/> Yes <input type="checkbox"/> No
Web Address:	Are you a regular attendee or member of TRINITYalgood? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list other small groups, which you have led in the past:

Please list any and all small group training you have attended:

GROUP INFORMATION

Group Name: _____

Meeting Day(s): Sunday Monday Wednesday Thursday Friday Saturday

Frequency; Every Week 1st & 3rd 2nd & 4th Monthly

Start Date:	End Date:	Set-up Time:	Start Time:	End Time:
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Is there a suggested or required text for your group? Yes No

Do you have the material? Yes No

Book Title:	Author:	ISBN #:
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What equipment will you need? RightNow Media TV/DVD Projector

Will childcare be provided? Yes No

LOCATION

Please choose from the list below. If you want your group to take place on the Trinity campus, please make three room choices by preference (1,2,3). Rooms will be assigned on a first-come first-serve basis.

	AD104		AD107		AD Conference Room		CC101		CC102
	Choir Room		FUEL (Large)		FUEL (Small)		Multi Purpose Room		The Nest
	Trinity Place (Lower)		Trinity Place (Upper)						
	Off Campus Location (Name & Address):								

ROOM SETUP

Describe and/or diagram the room setup:

# of Round Tables (seats 8 max)	
# of Long Tables	
# of Chairs	

GROUP DESCRIPTION

Please provide an accurate description about your group. Keep in mind this is how it will be published in all brochures and advertising. We encourage you to put some thought into your description, in order to convey the purpose and vision of your group.

ADVERTISING

Pre-Service Slide	Start Date:	End Date:
Bulletin	Start Date:	End Date:
Kiosk	Start Date:	End Date:

OFFICE WORK

Sign - Up Sheet	Poster	Post Card
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MEDIA REQUEST

Video recording needed? Yes No

How will media be used?

Editing of video footage required? Yes No

(REQUIRED) Department Head Approval:

(REQUIRED) Department Pastoral Approval:

LEADER COMPLIANCE & PASTORAL APPROVAL

Upon approval of this application, I agree to be bound by the Bylaws and Policies of Trinity Assembly of God, Inc, and to refrain from unscriptural doctrines or conduct in the performance of my services on behalf of Trinity Assembly.

Leader Signature: _____ conneXtions Small Group Director Signature: _____

Pastoral Approval: _____

Pastoral Comments: _____