

Small Group Authorization Form

Your Name: _____ Contact Phone #: _____

Your role at Emmanuel? (check one): Faculty Staff or Student

If a student, check your current class standing:

Freshman Sophomore Junior Senior

How long have you been at Emmanuel? _____

What is your major? _____

What type of study are you proposing? Book Bible Study Prayer Group

Accountability Group Other: _____

What Subject/Theme/Book Title do you plan to use?

How long and how often will this group meet? _____

Where will these meetings take place? _____

How long have you been a follower of Jesus Christ? _____

Describe your Christian upbringing/training:

Describe your previous experience with leading a group.

Recommendations Required:

____ 2 (two) Faculty Recommendations
____ Resident Director (if resident student)
____ Pastor

Requirements if Approved:

- I agree to maintain contact with the Spiritual Life Office and Pastor Chris Maxwell regarding the progress of this group by emailing a completed Group Meeting Update Form to Pastor Maxwell weekly/once per meeting. This form will be available on his campus website.
- I agree to have all members of the group complete a Group Evaluation Form upon completion of the study. This form will be available in the Student Life Office.