

## Small Group Authorization Form

Your Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

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

If a student, circle 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.