

Small Group Interest Form

Student Name: Gender Birth Date: Gra	ent Name:	Gender	Birth Date:	Grade
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Email Address: Telephone Number:

Parent Name: Email: Telephone Number:

Does the Youth Minister have permission to text the youth regarding meetings?

Circle the best description: Traditional School Home School Combination of Both

Circle the best answer: What is your time availability on Sundays? Afternoon Evening

What are your interests outside of school?

Do you want to be in a "same gender" group?

Are you an older youth interested in peer leading and working with the Middle School Youth?

Are you an adult willing to help with leading our high school youth?

What topics would you like to explore in small groups: