

Legacy Group Leader Application



*Required

First Name:*
Last Name: *
Email address: *
Mobile Phone: () -
GETTING TO KNOW YOU
Please tell us a little about you. *
Describe your faith journey and relationship with Jesus. *
What are your personal strengths? *
What is the main area of growth that God is currently developing in your life? *
Why do you want to lead a Legacy Group? *
Personal Referral *
Are you willing to go through a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No