



Connect Group Formation Application

Instructions: Please complete and return the Love City Church Connect Group Formation Application Form to:
 Email: info@lovecity.church
 U.S. Mail: Love City Church, 521 N. Main St., Gloversville, NY 12078

Connect Group Name:	Desired Connect Group Term	Targeted Gender/Age Bracket
Name of Applicant:		
Home Telephone	Cell Telephone	E-Mail Address
Mailing Address:		
City:	State:	Zip:

REQUIRED INFORMATION	
Have you completed Next Move? <input type="checkbox"/> Yes When? <input type="checkbox"/> No	
Current Connect Group /Position (if applicable)	Have you completed a LCC Background Check Authorization Form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(form available at lovecity.church/community)</i>

cGroup Location Information	
Will the Connect Group use the church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where will the Connect Group be meeting?
If yes, check the rooms the Connect Group desires to use: Upper Level: <input type="checkbox"/> Lobby <input type="checkbox"/> Next Level <input type="checkbox"/> Auditorium* Lower Level: <input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Classroom 1 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Kitchen	*By requesting the Auditorium, does the Connect Group desire to use the media system? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the Connect Group be utilizing content from CD, DVD, USB, or web? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <p style="text-align: center;"><i>(Please note this requires approval from the Creative Director. Contact the Media Department with further questions)</i></p>

Connect Group General Information:

<p>What is the Vision of the Connect Group?</p>
<p>Will there be childcare provided?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Will there be videos/books/resources used?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please list information on resources, such as book titles and authors, names of speakers and ministries, etc.</p>
<p>Please indicate the best time(s) available for any potential meeting with Pastoral Staff to discuss further:</p>

LCC OFFICE USE		
<p>Meeting with Creative Director completed (if desiring media system)</p>		
<p>Signature of Creative Director</p>		<p>Date</p>
<p>Discussion by Pastoral Staff completed</p>		
<p>Signature of Pastor</p>		<p>Date</p>
<p>Connect Group approved</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Connect Group Term</p> <p><input type="checkbox"/> First</p> <p><input type="checkbox"/> Second</p> <p><input type="checkbox"/> Third</p> <p><input type="checkbox"/> Fourth</p>	<p>Senior Pastor Approval</p> <p>Date</p>

