



home fellowship facilitator application (CONFIDENTIAL)

The purpose of our Home Fellowships is to create a network of small groups that are havens for community everywhere our church members live throughout the Metroplex. These small groups consist of true discipleship, honest fellowship, and humble service to our neighbors, showing grace to all and reflecting the character of Christ in our lives.

If you are interested in facilitating a Home Fellowship and would like more details, please contact Pastor Greg Luttrell at gregl@stonebriar.org. To sign up for training, please complete this form (one form per applicant) and return it to our reception desk.

facilitator requirements

To facilitate a Home Fellowship, you must have regularly attended Stonebriar for at least six months, completed the Stonebriar Membership Class, submitted a signed Membership Affirmation, completed the Home Fellowship Facilitator Training Course, and met with the Pastor of Home Fellowships to gain final approval.

personal information

First Name: _____ Last: _____ Middle: _____ Birth Date: _____

Gender: Male Female Marital Status: Single Married Divorced Spouse's Name: _____

Address: _____ City/State: _____ Zip Code: _____

E-mail Address: _____ Contact Preference: Phone E-mail Best time to contact: _____

Phone Number: _____

Date you became a member of Stonebriar: _____ How long have you been attending Stonebriar? _____

What ministries do you participate in at Stonebriar? _____

spiritual/practical experience

Have you ever volunteered before: Yes No

If yes, please list position and description of responsibilities: _____

How would you describe your personal devotional life? _____

Share one thing that God has taught you in the last month from His Word. _____

How does your spouse feel about the possibility of facilitating a Home Fellowship?

How would you describe yourself in terms of your spiritual gifts, talents, and abilities? _____

Describe any experience you have as a small group leader/facilitator. _____

Would anyone you know (friend, family member, etc.) be surprised you are leading a Home Fellowship? Yes No

Do you have any doctrinal questions you would like clarified before the class begins? Yes No

If yes, please explain. _____

Are there any physical limitations or conditions which might prevent you from performing certain types of work?

Yes No If yes, please explain.

"By signing below, I affirm my agreement with and support of the facilitator requirements and that the information provided in this application and any accompanying attachments is true to the best of my knowledge."

Signature of Applicant

Date

Signature of Spouse

Date

home fellowship facilitator covenant

As a Home Fellowship Facilitator, I . . .

- Sense God's call to serve as a leader.
- Am striving to love people and desire to shepherd them in spiritual growth.
- Voluntarily and willingly place myself under pastoral authority and direction.
- Will pursue growth as a Christ-centered person.
- Will faithfully participate in training events and quarterly meetings with Equipping Ministries staff.
- Will send a quarterly e-mail update to Equipping Ministries staff about my group with specific ways to pray.
- Will be available for periodic face to face meetings with Equipping Ministries staff for encouragement and support.
- Do not expect to be an expert in the Bible.
- Will not strive to be a perfect person, but a genuine person.

Name of Applicant

Signature of Applicant

Signature of Spouse

Signature of Pastor

Date

Christian commitment stonebriar community church essential beliefs: statement of faith

- I affirm my confidence in the Bible as the inspired, the only infallible, authoritative Word of God.
- I acknowledge the Creator-God as my heavenly Father, infinitely perfect, and intimately acquainted with all my ways.
- I claim Jesus Christ as my Lord—very God Who came in human flesh—the object of my worship and the subject of my praise.
- I recognize the Holy Spirit as the third member of the Godhead, incessantly at work convicting, convincing, and comforting.
- I confess that Adam’s fall into sin left humanity without the hope of heaven apart from a new birth made possible by the Savior’s death and bodily resurrection.
- I believe the offer of salvation is God’s love-gift to all. Those who accept it by faith, apart from works, become new creatures in Christ.
- I believe that, having trusted in Christ by faith, I am a new creation in Him—clothed in His righteousness and fully loved and accepted by God.
- I believe God expects my life to reflect that I belong to Him and I am pursuing a holy life.
- I believe that Satan, under the sovereign permission of God, tries to destroy faith of believers and that drawing near to God is the only way to resist him.
- I believe that as a new creation in Christ I will continue to wrestle with my sin nature. I will, however, continue to grow in grace and become more like Jesus. Ultimate perfection and freedom from sin, however, will only come when I finally stand in the presence of the Lord.
- I believe that, as a believer in Jesus Christ, I am a member of His universal church and that the local church is the place God has designed for His people to worship Him, observe the ordinances of baptism and the Lord’s Table, and love other Christians.
- I believe that, having embraced Jesus Christ by faith, I am to make Him known to non-Christians in my sphere of influence.

I anticipate my Lord’s promised return in power and glory. I am convinced that all who have died will be brought back from beyond—believers to everlasting communion with God and unbelievers to everlasting separation from God.

I agree with and personally accept the Stonebriar Community Church statement of faith as stated above.

I profess a personal faith and relationship with Jesus Christ as my Lord and Savior.

Signature of Applicant

home fellowship facilitator forms

Please complete and return the forms listed below.

- ProjectServe Application (www.stonebriar.org [keyword: projectserve])
- Leader Covenant
- Home Fellowship Description Form
- Background Check Authorization
- Insurance Form: Operations in Non-Owned Buildings Survey

During the hours you host your Home Fellowship, your home is covered by the church's insurance plan. In addition to completing the insurance form, take a photo of the front of your home and e-mail it to nylsas@stonebriar.org or text 972-955-9416.

home fellowship description form

Complete the following information which will be e-mailed to folks who have attended Stonebriar Community Church and reside in your zip code area.

Write a brief description of your Home Fellowship as an invitation to attend.

Main street intersection of your home: _____

Are children welcome? _____

Is babysitting provided or do parents need to find their own babysitting? _____

Age groups you would like to attend your Home Fellowship. Circle all that apply.

- | | | | |
|----|------------|--------|---------|
| a. | Collegiate | c. 30s | e. 50s |
| b. | 20s | d. 40s | f. 60s+ |

E-mail addresses for both hosts: _____

Days of month you will host your Home Fellowship (weekly, bi-monthly): _____

Time: _____ Refreshments (light, refreshments, potluck, or none): _____



For Office Use:
Ministry/Dept: _____

RELEASE AUTHORIZATION

INTRODUCTION

Stonebriar Community Church is committed to providing a safe and secure environment for all who enter our doors and participate in ministries and activities associated with our church. We, therefore, require that all who either serve or who are employed by Stonebriar undergo a criminal background check. We know this may seem a bit daunting and/or intimidating, but it is a necessity in the world in which we live. The information asked for is confidential and we want to assure you that it is kept secure. Thank you for your understanding and for taking the time to fill out this form.

APPLICANT, COMPLETE THE FOLLOWING:

- I. In connection with my employment application, I understand that a report or an investigative background check may be requested that will include information related to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, and references.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. Applicants are entitled to know if employment is denied because of information obtained by Stonebriar Community Church from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Stonebriar Community Church or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name Last First Middle

Please print other names you have used

Home Address Phone Number or E-mail Address

City State Zip Code

Social Security Number Date of Birth

The following states **require** sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: American Indian or Alaska Native Asian Black Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or more races

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS

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