

SJN CONNECT GROUPS 2018-2019

Connect Groups build relationships through Christian hospitality, Faith Formation, and movement toward evangelization and outreach.

This is a two-sided form. When completed, please send to the SJN Parish Office or in the Collection at Mass. For more information, please call (740) 965-1358, or visit us online at www.saintjohnsunbury.org.

INDIVIDUAL INFORMATION

If you are looking for a Group to join, we can help. Please complete this part, then check your day/time preferences below. We will contact you with a possible match based on your information.

First Name		Last Name	
Address			
City	Zip	Age	Marital Status
Phone	E-mail		

MEETING DAY & TIME PREFERENCES

If you're **looking for** a Group, enter your time/day preferences here; choose all that may apply. If you're **forming** a Group, or have an existing Group, tell us when and how often you'll meet.

Time: _____ a.m. p.m.
Day: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
Frequency: Weekly Twice a month Once a month

FORMATION OPTIONS

If you're **looking for** a Group, please enter your preferences here; choose all that may apply. If you're **forming** a Group, or have an existing Group, please choose an option below.

A series offered through sjnsunbury.formed.org.
 A Bible Study series. A Book Study. Another program, approved by SJN.

Proposed Series/Title/Author:

Please contact the Director of Adult Faith Formation with questions about appropriate content.

GROUP SESSION LOCATION

If you're **forming** a Group or have an existing Group, please choose an option below.

Host's home Rotating between homes of Group members
 Another off-campus site:

GROUP HOST/FACILITATOR INFORMATION

If you are forming a new Group, or have an existing Group, please provide the information below.

Group Host			
<i>Hosts provide a meeting site, hospitality and access to online resources if needed.</i>			
First Name		Last Name	
Address			
City			Zip
Phone		E-mail	
Facilitator / Contact 1			
<i>Facilitators lead sessions and present material. Training is available.</i>			
First Name		Last Name	
Address			
City			Zip
Phone		E-mail	
Facilitator / Contact 2 (Optional)			
First Name		Last Name	
Address			
City			Zip
Phone		E-mail	

GROUP MEMBERS

If you're **forming** a Group and know who will be with you, or if you **have an existing Group**, please provide their information below. Information can be provided on a separate sheet, if needed.

Name (First, Last)	Age	Marital Status	E-Mail Address
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			
10.)			
11.)			
12.)			

Interests: Those looking for a Group could join you later. Are there any preferences regarding age, gender, location, and/or topics for formation?