

# SJN CONNECT GROUPS 2019-2020

**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](http://www.saintjohnsunbury.org).

## INDIVIDUAL INFORMATION

**If you are looking for a Group to join, we want to 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 one, tell us when and how often you 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 one, please choose an option below.

- A series offered through [sjnsunbury.formed.org](http://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 Catholic group study content.

## GROUP SESSION LOCATION

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

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

## 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			
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:** Others may look for a Group to join later. *Are there any preferences in your group regarding age, gender, location, and/or topics for formation?*