



Glory Babies Group Leader Questionnaire

Name _____ Email _____

Spouse's Name _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip _____

Please Complete the Following Questions:

Please tell us your story. If you have experienced a loss, please include your baby's name, date of birth/death and cause if known:

List any gifts, talents or abilities that you could contribute to Glory Babies:

What responsibilities do you have in your church or community? Please share any other leadership positions you have held. If you work in a business inside or outside your home, please explain:

Do you think God is leading you to start a Glory Babies Support Group in your area?

Do you have a personal relationship with Jesus Christ? Yes No





Please describe your relationship with Jesus and how you are currently growing in that relationship: (Please use back of page if necessary)

If you were standing before God and He asked you “Why do you think you should enter Heaven?” What would you say?

Are you aware and is your family in agreement with your interest and the time commitment required to begin a group? Yes No

Are you willing to commit the time and energy necessary to making this group successful? Yes No

To be considered for the leadership position, you must be active in a local Christian church. Denomination is not important. Which church do you regularly attend?

Please share anything else you would like us to know about yourself:

Your signature _____ Date _____

Your Pastor’s Signature _____ Date _____

Please return completed form to: Children Are a Gift Foundation
4828 S. Broadway #122
Tyler, TX 75703

