

**First Assembly of God**  
**Net Group Application**  
**Leaders' Approval Form**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Net Group Leader Use Only**

**Net Group Leader's Name:** \_\_\_\_\_  
(Please Print)

- Yes, I recommend this applicant.
- No, I do not recommend this applicant at this time. Reason: \_\_\_\_\_  
\_\_\_\_\_

**Net Group Leader's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Care Group Leader Use Only**

**Care Group Leader's Name:** \_\_\_\_\_  
(Please Print)

- Yes, I recommend this applicant.
- No, I do not recommend this applicant at this time. Reason: \_\_\_\_\_  
\_\_\_\_\_

**Care Group Leader's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_