

APPLICATION FOR PHONE PRAYER PARTNER

DATE: _____

NAME _____ Age _____ Date of Birth _____

Address _____ Sex: M ___ F ___

City _____ State _____ Zip _____

Phone # _____ Marital Status _____

Current Employer _____ Phone # _____

Previous Employers phone # _____

Highest grade completed _____

Do you have any previous training or experience as a prayer partner? _____

Where? _____

When? _____

Do you have any other experience (teaching, studies, etc) that might help in your role as a Prayer Partner?

When did you become a Born-again Christian? Explain _____

Denominational background _____

Church you now attend _____

Pastor's name _____ Phone # _____

Have you received the Baptism of the Holy Spirit? _____

If not, are you open to the Baptism of the Holy Spirit? _____

Do you partake of any alcohol, drugs, smoking tobacco or pornography? Circle any you partake of.

Are you willing to attend additional training seminars as necessary? _____

Are you willing to submit to a spiritual authority or your Captain? _____

Can you accept (in love) corrective criticism? _____

If the need should arise, where and when can you be reached? _____

Please list 3 references we may contact.

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

For office use only REMARKS: