**Cheltenham Street Pastors – Prayer Pastor**

**Application Form**

Please type or print neatly in **BLACK INK.**

Please note that the Application Form must be signed by the Applicant and their Church Leader at the end of the Form.

# Personal Details

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Names:** |  |
| **Title:**(Mr, Mrs etc.) |  |
| **Address:** |  |
|  |
|  | **Post Code:** |  |
| **Home Telephone:** |  |
| **Mobile Telephone:** |  |
| **Email Address:** |  |

1. **Church Details**

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| **Church/Organisation:** |  |
| **Leader’s Name:** |  |
| **Address:** |  |
|  |
|  | **Post Code:** |  |
| **Telephone No.** |  |
| **Email Address:** |  |
| **How long have you attended this Church:** |  |
| **Note: If you leave this church please notify the Prayer Coordinator.** |

# Applicant’s Signature

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| **Applicant’s Name:** |  |
| **Applicant’s Signature:** |  | **Date:** |  |

1. **Church Leader’s Signature**

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| **I am pleased to recommend this person for the Cheltenham Street Pastors’ Prayer Team.** |
| **Church Leader’s Name** |  |
| **Church Leader’s Signature:** |  | **Date:** |  |
| **Additional Comments:** |

|  |
| --- |
| **Please Return Completed Application Form to:** |
| **Postal Address:** | Dave Hatten22 Cleeve View Road Cheltenham, GL52 5NH |
| **Telephone:**  | 01242 511739 |
| **Email Address:**  | dhatten@btinternet.com |