**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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

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

1. **Church Leader’s Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Hatten  22 Cleeve View Road Cheltenham, GL52 5NH |
| **Telephone:** | 01242 511739 |
| **Email Address:** | dhatten@btinternet.com |