

DATE _____



APPLICATION

BIKER HOMELESS RECOVERY/AFTERCARE PRISON YOUTH
(PLEASE CIRCLE ONE)

- NAME _____
- ADDRESS _____
- CITY _____ STATE _____ ZIP _____
- PHONE (____) _____ - _____ MOBILE (____) _____ - _____
- EMAIL: _____ GENDER ___ MALE ___ FEMALE
- MINISTRY NAME _____
- MINISTRY ADDRESS _____
- CITY _____ STATE _____ ZIP _____
- HOW LONG CHRISTIAN _____ HOW LONG IN MINISTRY _____
- TELL US WHAT YOU DO: _____

- ARE YOU A LICENSED MINISTRY (NOT MANDATORY) ___ YES ___ NO
IF YES, WHO WITH _____ WHAT LEVEL _____
- NAME OF CHURCH YOU ATTEND _____
PASTOR _____ PHONE NUMBER _____
- PLEASE LIST THE MINISTER RECOMMENDING YOU
NAME _____ PHONE _____
- PLEASE INCLUDE A COPY OF ANY PROMOTIONAL MATERIAL YOU USE.

SIGNATURE _____ DATE _____