

SCOTT HINKLE OUTREACH MINISTRIES
PO BOX 30642
PHOENIX, AZ 85046-0642
602.404.9757
SHOM2@aol.com

PLEASE PRINT CLEARLY:

Name: _____ Date of Birth: ____/____/____

Address: _____

Street City State Zip
Telephone: Work () _____ Home () _____ Cell () _____

Fax () _____ E-Mail: _____ Website: _____

Marital Status: _____ Languages Spoken: (BESIDES ENGLISH) _____

Are you willing to work on a rebuilding/restoring team? Circle one: Yes or No; Part Time _____
FullTime _____, Skills _____

Have you received the Baptism in the Holy Spirit as described in Acts 2:4? ____ Yes ____ No

Requirements for outreach participation: born-again experience and a consistent Christian walk for at least one year. (SEE ATTACHED SHEET) How long have you been born again? _____
Home Church: _____

Name Address
Denomination: _____ Length of time attending: _____

If you work with a ministry, please tell us the name: _____

Leader of group or ministry: _____

Have you ever been involved in street evangelism? ____ If so, where? _____

Have you ever been a part of an outreach with Scott Hinkle Ministries? ____ If so, when and where? _____

PERSONS TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship to you: _____

Address: _____

Street City State Zip
Telephone: AM () _____ PM () _____

"I have read and understand all paperwork. I have completed all portions of this application, including the **medical statement and travel forms**. While involved in this outreach I will abide by the spirit, rules and schedule of **Scott Hinkle Outreach Ministries**."

SIGNATURE: _____ DATE: _____

PLEASE MAKE ALL CHECKS PAYABLE TO S.H.O.M