

ASC SOJOURNER APPLICATION

DATE: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____ AGE: _____ BIRTHDAY: _____

CURRENT MINISTRY: _____

ASC ASSOCIATE COMMITMENT DATE: _____

HOW DID YOU LEARN ABOUT THE SOJOURNERS? _____

ARE YOU WILLING TO COMMIT YOUR TIME TO SOJOURNER/COMMUNITY EVENTS? *Yes* *No*

WILLING TO TRAVEL: *Yes* *No* FINANCIALLY INDEPENDENT: *Yes* *No*

DO YOU LIVE PRECIOUS BLOOD SPIRITUALITY? *Yes* *No*

WHY DO YOU FEEL CALLED TO THE SOJOURNER LIFESTYLE? (USE BACK IF NECESSARY)

*PLEASE INCLUDE TWO PAGE BIOGRAPHY AND LETTER OF RECOMMENDATION FROM AN ASSOCIATE LEADER.