

## **Evangelistic Outreach Application Form**"...The harvest truly is plenteous, but the laborers are few." - Matthew 9:37

Please complete this form in its entirety and return by e-mail, mail, or by fax to:

P.O. Box 30000 Philadelphia, PA 19103 Telephone and Fax: 1-800-3-REPENT E-mail: ra@repentamerica.com

## **Personal Information**

Name:		Mai	rital Status: 🔲 sir	ngle 🔲 married
Age: under 18	<b>□</b> 18-29	□ 30-39	40-50	over 50
Street Address:				
City:		State:	Zip:	
Home Phone:		Mobile Phone:		
E-mail Address:				
Please provide the name	e and phone nu	umber of two perso	onal or profession	al references:
Name:	Relation	ship:	Phone:	
Name:	Relation	ship:	Phone:	
Do you have any medica	al conditions th	nat we need to be a	ware of? If so, pl	ease explain:
	Outrea	ach Information	า	
Dates and location of t	he outreach t	hat interests you:		
Which activities would	vou like to pa	articipate in?		
Open-air preaching	you me to pe	One-on-one w	itnessina	
Tract & literature distri	ibution		ture banners/signs	s and displays
Have you participated your experience:	in any form of	f public evangelisr	m before? If so,	please list
In a few sentences, ex outreach with Repent		ı desire to particip	oate in an evange	elistic

## **Personal Testimony** In a few paragraphs, please share your personal testimony, including your life before Christ, when and how you were born again, and how your life has changed: **Acknowledgment** The applicant understands that completing this form does not guarantee

The applicant understands that completing this form does not guarantee participation in a Repent America outreach. We will keep your information on file, and should you be accepted, we will contact you via phone or e-mail with further details of the outreach. The applicant also understands that, once accepted, he or she will be responsible for his or her own expenses, such as travel, food, and lodging costs. As well, you declare that you will behave in an acceptable and Christ-like manner, and will be cooperative with the evangelism team under the designated leadership.

If agreed, sign here: Date:
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