



KIDS HOPE USA

Prayer Partner Application

Today's Date _____

Name _____

Daytime Phone _____ Cell Phone _____

Street Address _____

City, State, Zip _____

Email Address _____

Please list previous volunteer activities:

**For promotional purposes, videos and photographs may be taken during Kids Hope events. Occasionally, a photo of you may be shared with the KHUSA National Office to appear in the volunteer newsletter called Voices of Hope. Your application and signature constitutes permission for KHUSA to use your picture in promotional material. Your application and signature also constitutes permission for your email address to be added to the distribution lists for Voices of Hope and Story of the Week.*

Prayer Partner Pledge

If I am assigned as a Prayer Partner, I accept the responsibility to serve in support of the educational program and honor the separation of church and state boundaries. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attendee of this church, I agree to be accountable to the leadership of this church regarding my Christian life and witness according to the biblical teaching of this church and in all aspects of conduct and performance related to this volunteer position.

Date

Signature of Applicant