



APPLICATION FOR CRUSADE

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www.saintsprisonministry.org

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

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-mail: _____ Social Security #: _____

Driver's License # _____ State of Issue: _____

Church Home: _____

Church Address: _____

Please list Pastor and one other reference from your church:

Pastor: _____ Phone: () _____

Reference: _____ Phone: () _____

I have ☐ I have not ☐ been arrested or convicted of a crime. If yes, please explain:

Insured Name: _____

Health Insurer: _____ Policy #: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Uniform requirements: Jersey: S M L XL XXL

Pants: S M L XL XXL Waist Size (softball only) _____

T-Shirt: S M L XL XXL

Please indicate uniform number *preference*: 1st choice _____ 2nd choice _____ 3rd choice _____

**Please give a 3-part testimony of your salvation experience (1st or 2nd year participants only).
Single word answers or sections left blank will be returned as incomplete applications:**

#1. Describe your life before you met Christ: _____

#2. Describe how you met Christ: _____

#3. Describe your Christian walk since meeting Christ: _____

Please feel free to use extra paper to complete #'s 1, 2 & 3.

I have read the Saints Prison Ministry Doctrinal Statement and affirm that my convictions are in agreement with the doctrines stated therein.

Signature of Applicant: _____ Date _____