

ARKANSAS HOUSE OF PRAYER

Security Application

Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City, State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

What is your preferred method for contact? \_\_\_\_\_

DOB: \_\_\_\_\_ DL# \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

How did you hear about Arkansas House of Prayer?

How often have you visited Arkansas House of Prayer?

How do you hope to use Arkansas House of Prayer?

*Please list at least two (2) references. Feel free to use the back of this page if more room is needed.*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

*To be signed upon receipt of key fob:*

I agree to use the Arkansas House of Prayer as it was meant to be used. I have had the Visitor Orientation and reviewed the guidelines and terms of use and agree to honor the expectations outlined therein.

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Signature

Date