

GORDON LINDSAY HOUSE OF PRAYER
OVERSEER APPLICATION*

Name: _____ Student ID# _____

Telephone: _____ Email: _____

Please circle one: 1st Yr 2nd Yr 3rd Yr _____

Current Local Church:

Are you involved in ministry/leadership in your current local church? If so, what areas?

What other ministry/leadership experience do you have? Please be specific.

Please share your vision/heart for the Gordon Lindsay House of Prayer?

Please describe why you would like to serve as an overseer in the GLHOP, and how you envision your role as an overseer in the GLHOP. _____

Please specify the days and times you will be available to serve in the GLHOP:

**Please note that completing this application does not guarantee that you will be able to serve as an overseer in the GLHOP.*