



# KIDS HOPE USA

## Prayer Partner Interest Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last, First, Middle Initial

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street, City, State, Zip Code

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

Length of membership/attendance at CA \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ yes \_\_\_\_\_ no

Please list your current and recent (within the last 2 years) involvement at CA (life groups, recovery courses, Kingdom efforts, prayer team, etc.)

---

---

---

Please answer the following questions to help us determine if this opportunity is a good fit for you:

1. Why are you interested in becoming a Kids Hope Prayer Partner?

---

---

---

---

---

---

2. Tell us a little bit about your prayer life and practices.

---

---

---

---

---

---

Thanks for taking the time to fill out this information! Once your form is reviewed by the Kids Hope Leadership Team, you will be contacted about further steps in potential opportunities for your involvement with our program.

Email (**preferred**), mail or drop off completed form to:

Sarah Dornbos – Kids Hope Director  
Christian Assembly Church  
2424 Colorado Blvd.  
Los Angeles, CA 90041

Questions? Call 323.641.6765 or email [kidshope@cachurch.com](mailto:kidshope@cachurch.com)