

# Cross Island Connection Ambassador Application

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate email: \_\_\_\_\_

Church: \_\_\_\_\_ Sr. Pastor: \_\_\_\_\_

Church address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Church phone: \_\_\_\_\_ Church fax: \_\_\_\_\_

Church email: \_\_\_\_\_ Church web address: \_\_\_\_\_

## Tell us more about you...

1. Why do you want to be a Lakeview Ambassador? \_\_\_\_\_

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2. What is your history/involvement with Lakeview? \_\_\_\_\_

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3. What is your involvement at church? \_\_\_\_\_

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Senior Pastor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date