

# SHALOM ✨ HAMILTON

*A Ministry of Chosen People Ministries (Canada)*

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## July 15-19, 2019

APPLICANT INFORMATION			
Last Name	First	Initial	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail		
Date of birth:	If under 18, my parent or guardian has signed below.		Yes: No:
I am applying to take part in Shalom ✨ Hamilton for: <input type="checkbox"/> one day <input type="checkbox"/> selected days Which days? _____ <input type="checkbox"/> all week			
I am associated with the ministry of :			
My regular occupation:			
My special talents (instruments played, drama experience)			

BIBLICAL EDUCATION/MINISTRY EXPERIENCE			
Biblical Schooling:		Location:	
From	To	Ministry Focus:	
Mission Experience		Location	
From	To	Describe Experience	
Mission Experience		Location	
From	To	Describe Experience	

REFERENCE	
Minister	e-mail
Congregation	Phone ( )

In case of emergency please contact either of the following:

Name: Phone: Name: Phone:

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. My health and family obligations are in order so that I may dedicate myself prayerfully to the ministry of Shalom ✨ Hamilton. I completely absolve Chosen People Ministries (Canada) from responsibility for any legal or financial liability that may result from my participation in this ministry.	
Signature	Date

