



ADOPT-A-COP NEVADA
PARTICIPATION FORM FOR
PRAYER PARTNERS



LOCAL CHAPTER

ADOPT-A-COP CLARK COUNTY, NEVADA

Official Use Only
Anniversary Date

DRIVER'S LICENSE NUMBER STATE

PRINT:
FIRST NAME LAST NAME

ADDRESS CITY/ST/ZIP

EMAIL PHONE NUMBER

What's your occupation? Years?

What Skills do you have? I.e.. Off. Admin, recruiting, training, advertising, event planning, fundraising...etc.

What do you hope to accomplish as a member of this ADOPT-A-COP Nevada Prayer Protection Ministry?

ADOPT-A-COP NEVADA MINISTRY REQUIREMENTS

- 1. You must be able to commit to praying EVERY DAY for your Law Enforcement Officer.
2. There is to be NO personal contact with the Officer except through designated means established by this program...
3. The notes must serve only to encourage and express appreciation. The use of scripture is encouraged.
4. Please do not preach or attempt to convert officers. We provide prayer protection and support only.

By signing below, I agree with the Do's and Don'ts listed within the Prayer Warrior's Guide for AACN.

Print Name: Signature: Date:

Please submit to Sr. Chaplain Michael Thrower

www.adoptacopnevada.org