



Evangelical Council for Abuse Prevention

What you need to complete this application:

- ✓ Read our [Prerequisites for Application](#), including our [Statement of Faith](#)
- ✓ A method (credit card) to pay the application fee [the final step].
- ✓ Contact information for yourself, or the person who directed you to complete the application.

Required items: First name, Last name, Email address, and Organization Name.

- ✓ Phone* (best method to reach the person identified above)
- ✓ Email* (may be the same email address given previously)
- ✓ Main Website*
- ✓ Established Date (optional)
- ✓ Mailing Address*
- ✓ Organization Phone* (may be the same phone given previously if no other is available)
- ✓ ECAP Region* (your time zone)
- ✓ Ministry Category* Choices: Camp, Church, Ministry (other), Multi-type, or School
- ✓ DBAs*

“Doing Business As” = Such as the name used for marketing/advertising, which is different than your ministry’s legal name; and any other legal names for your ministry.

- ✓ Subsidiary Ministries*

If you operate any subsidiary ministries, such as a school, preschool, day care, shelter.

- ✓ Promotional Code (if you are a member of an ECAP Affiliate and that Affiliate provided you with a discount/promo code.

* = Required Items

Note: If you identify a mistake on your application after you submit it, simply contact info@ecap.net.