

FELLOWSHIP ON BURDEN TO EMIGRATE

Name _____ Bro Sis Age _____
Last First M.I.
Your nationality: _____ List language(s) spoken: _____ Proficiency _____
Birth date: _____
Present locality: _____
City Country
Mailing _____ Home phone (_____) _____
Address _____ Mobile phone (_____) _____
_____ E-mail address _____
Education: _____
School Major Degree
Present or recent occupation: _____
Dates you served full time: _____
Locality and nature of full-time service: _____
Name and phone of full-time service coordinator: _____

Date saved: _____ Date baptized: _____
Date you came to the church: _____ Locality: _____
Areas of church service you have been involved in: _____

Past participation in full-time training (dates and location): _____

Marital status: Single Married Engaged Divorced Separated
Spouse's name: _____ Spouse's Age: _____
Date of marriage: _____ Spouse's Occupation: _____
Spouse's attitude toward emigrating to Europe: Strongly Agree Agree Neutral Disagree
Will you take your family to Europe? Yes No
Names of children and ages: _____

Are you and your family in good physical and psychological condition? Yes No
Physical disabilities/limitations: _____
Psychological disabilities/limitations (past and present): _____

Are you financially able to rent or purchase a house or apartment in Europe? Yes No
Countries you are burdened for: _____
When can you emigrate? _____
How long do you intend to stay in Europe? _____

Signature _____ Date _____

Please fill out other side also

NAME: _____

In the space provided below please write a brief description of your experience in building up the church life and your service in the church life in caring for others.

A large rectangular box containing 25 horizontal lines for writing.

Please send the completed form to:

Lord's Move to Europe
P.O. Box 9107
Anaheim, CA 92812

Fax: 714-828-4422
Phone: 714-828-4411
Email: Anaheim@lordsmove.org