

# APPLICATION FOR EMIGRATION TO EUROPE

Do your best to shorten responses so that they fit in form fields provided

Name _____		<input type="checkbox"/> Bro	<input type="checkbox"/> Sis	Age _____
	Last	First	M.I.	
Your nationality: _____		List language(s) spoken: _____		Proficiency _____
Birth date: _____				
Present locality: _____				
	City	Country		
Mailing Address _____		Home phone (____) _____		
		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: _____	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Engaged	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Spouse's name: _____				Spouse's Age: _____	
Date of marriage: _____	Spouse's Occupation: _____				
Spouse's attitude toward emigrating to Europe: <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree					
Will you take your family to Europe? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Names of children and ages: _____					

Are you and your family in good physical and psychological condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical disabilities/limitations: _____	
Psychological disabilities/limitations (past and present): _____ _____	

You will be supported by:	
<input type="checkbox"/> Yourself	<input type="checkbox"/> Church <input type="checkbox"/> Family or Friends <input type="checkbox"/> Other Means _____
Other pertinent personal financial information: _____ _____	

How do you intend to emigrate:	
<input type="checkbox"/> By serving full time	<input type="checkbox"/> As a full-time student <input type="checkbox"/> To take a full-time job <input type="checkbox"/> To open a home
Are you financially able to rent or purchase a house or apartment in Europe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Countries you are burdened for: _____	
When can you migrate? _____	
How long can you stay in Europe? _____	
When would you be available to come to Anaheim for training? _____	

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please fill out other side also*

APPLICANT'S 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. **Response should fit inside box below.**

A large rectangular box containing 25 horizontal lines for writing a response.

Please send the completed application 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](mailto:Anaheim@lordsmove.org)