



For Office Use Only	
Date Received	Mobilizer

EuroCamp Application I

Personal Information

Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Maiden</i>	<i>Preferred Name</i>
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Current Address:

<i>Street Address</i>	<i>Apartment/Unit #</i>	<i>Country</i>
<i>City</i>	<i>State/Province</i>	<i>ZIP/Postal</i>

Contact Information:

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<i>Primary Phone</i>	<i>Secondary Phone</i>	<i>E-mail:</i>

Permanent Address:

same as above

<i>Street Address</i>	<i>Apartment/Unit #</i>	<i>Country</i>
<i>City</i>	<i>State/Province</i>	<i>Zip/Postal</i>

Date of Birth:
(M/D/YYYY)

Place of Birth:

Social Security No.

Social Insurance No. _____

Citizenship:

_____ Native Born Naturalized (Year: _____)

Anticipated Length of Service:

EuroCamp Less than 9 months 2 years or less More than 2 years

Anticipated Type of Service:

Administration/Computers Church Ministries Church Planting Health Care Sports Ministry
 Leadership Development Maintenance/Construction Teaching/Education TESOL
 Theological Education Other _____

Anticipated Place of Service:

Anticipated Dates of Service:

Marital Status:

Married Single Engaged Separated* Divorced*
 Remarried* Widowed (*Briefly describe circumstances in a separate document)

Spouse/ Fiancé/ Fiancée:

<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden (if applicable)</i>
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Date of Marriage*:
(M/D/YYYY)

(*Projected date of marriage, if engaged)



List all your family below (spouse and children). Mark those who will accompany you to the field if appointed and describe any thoughts, concerns or feelings you have regarding their time of missionary service with you.

Name	DOB (M/D/YYYY)	M/F	Going to Field	Comments
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

List employers, beginning with the present or most recent.

Name	City	State/Province	From (M/YYYY)	To (M/YYYY)	Position

Have you ever been dismissed from a job? NO YES* (*If yes, explain in a separate document)

Year of High School Graduation or equivalent: _____

List information for degrees received beyond High School.

School Name, Location	Degree	Major/Minor/Concentration	Year of Graduation (M/YYYY)

List your hobbies: _____

Spiritual Journey

NOTE: If more space is needed, please provide information in a separate document.

1. Share your story of how you met Jesus, and describe what is different about you now that you have a personal relationship with him.

2. How do you implement the spiritual disciplines in your Christian walk?

3. What is an area in your spiritual life where you would like to see growth?

4. We believe that the Holy Spirit cleanses and empowers us to live victorious Christian lives. Share some ways the Holy Spirit has cleansed you and filled you and any area you still need to surrender.

5. Name the people who have been most significant in your spiritual growth and explain how they have influenced you.