



# MIGRATION APPLICATION

Name: \_\_\_\_\_ M  F  Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mailing address: STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List language(s) spoken: \_\_\_\_\_

Proficiency: \_\_\_\_\_

Highest level of education: SCHOOL \_\_\_\_\_ MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_

Present or recent occupation: \_\_\_\_\_ Citizenship status: \_\_\_\_\_

Current locality: CITY \_\_\_\_\_ STATE \_\_\_\_\_

Have you ever served full time? Yes  No  If yes, when? (dates) \_\_\_\_\_

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: \_\_\_\_\_

Have you participated in full-time training? (dates and location) \_\_\_\_\_

Marital status: Single  Married  Engaged  Divorced  Separated  Widowed

Spouse's name: \_\_\_\_\_ Spouse's age: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Spouse's attitude toward migrating: Strongly Agree  Agree  Neutral  Disagree

Will you be migrating as a family? \_\_\_\_\_

Names of children and ages: \_\_\_\_\_

Are you and your family in good physical and psychological condition? \_\_\_\_\_

Physical disabilities/limitations: \_\_\_\_\_

Psychological disabilities/limitations (past and present): \_\_\_\_\_

---

You will be supported by: Yourself  Sending church  Receiving church  Family or friends

Other means

Other pertinent personal financial information, including amount of debt: \_\_\_\_\_

---

How do you intend to migrate? By serving full time  As a full-time student  To take a full-time job

To open a home

Are you financially able to rent or purchase a house or apartment? Yes  No

Cities you are burdened for: \_\_\_\_\_

When can you migrate? \_\_\_\_\_

---

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

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. Please use additional pages as needed.

After completing pages 1-2, please submit this form to your elder for them to fill in the recommendation page and submit your application. If you have any questions, please contact us at [migrate@gtca.us](mailto:migrate@gtca.us).

## ELDER'S RECOMMENDATION

---

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this page and then submit the entire application directly to [migrate@gtca.us](mailto:migrate@gtca.us).

Please write a review of the applicant's vision and participation in the service and burden of the church. Include the applicant's positive contribution to the church life and service, as well as any problems encountered in coordination, their living situation, and/or the receiving of fellowship. This review should represent the observation of the leading ones in the church and those under whom the applicant has served. Please use additional pages as needed.

Elder's name: \_\_\_\_\_ Elder's signature: \_\_\_\_\_

Locality: CITY \_\_\_\_\_ STATE \_\_\_\_\_

Phone: \_\_\_\_\_

Please send the completed application to [migrate@gtca.us](mailto:migrate@gtca.us).