

BROTHERHOOD OF CHRIST CHURCH

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COME FOR A VISIT CONTACT

We are glad to send you this application form and we are always glad to receive visitors. We enjoy meeting new people and look forward to hearing back from you. The answers you provide on this form are important to us in determining the scope of your visit and developing a relationship with you. Your answers will not be shared with others.

Date: _____

Name (first, middle, last) _____

Date of Birth _____ SS# _____ Passport# _____ Are you a U.S. citizen? _____

(If you do not want to give your SS# please contact our office to discuss)

Do you have any criminal record? If so explain: _____

Do you have any history of mental illness? If so explain: _____

Do you have any history of anger issues? Explain: _____

Have you ever lived in a community before? If so, which one(s): _____

Do you smoke or use recreational drugs (including alcohol)? _____

Marital Status: Single, Married, Single Parent, Separated/Divorced

Do you have any custody related issues for any children that may be living with you? _____

Do you have any specialized skills that may contribute to community? _____

Current Address: Street _____
City _____ State _____ Zip _____

Previous address: Street _____ Phone _____
City _____ State _____ Zip _____

Name of emergency contact person _____

Their relationship to you _____

Phone number or email where they can be reached _____

If you are under 50 years of age, please fill out the following:

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Do you currently have health insurance? Yes/No

Do you have any physical limitations or restrictions that would inhibit you from working on the farm here?

Please list any medical needs, food allergies, health issues or medications that we should be aware of:

If you plan to drive your own vehicle to visit please fill out the following:

Make _____ Model _____ Year _____ License plate State and number _____

Please list at least two character references (family, friend, co-worker) different from the above contact person who can vouch for you:

1. _____ phone number _____

2. _____ phone number _____

What is your religious background?

Please tell us your main interest in visiting our Community: (use as much space as you need)

How long of a visit are you looking for? 3-4 days or 6-7 days

What dates are you proposing as a desirable time to visit? _____

(We may not accept visitors from April 1 – June 1)

Please consider the weather in Iowa, and your readiness for it, when choosing your visit dates. Also, please be aware of our a code when you plan your wardrobe. We dress very modestly here, and while we do not expect visitors to dress just like us, we

*would appreciate the consideration of modest clothing while visitors are here. We prefer ladies to **not** wear tight pants or sho low cut tops, or short skirts. We ask that men always wear shirts, even when it is hot weather. Also be aware that all visitors required to sign a liability release form upon arrival in our Community. Thank you.*

Please make sure you indicate how many people are wanting to come in your group, including children, and have each adult fill out a Registration Form. Thank you.

Please list any other information that you feel is important for us to know about you:

[Judas Iscariot](#) [FAQ](#) [Enochian Calendar](#) [Tablet Essays](#) [Glossary](#) [Scripture & Recommended Reading](#)
[Scroll of the Rule](#) [Righteousness](#) [WHO WE ARE](#) [Angels/Watchers](#) [Contact](#) [Building Community](#)