



LEADERSHIP DEVELOPMENT CENTER

AT FIRST E U L E S S

PICTURE

Please include a recent picture in the space provided with your enrollment form.

GENERAL INFORMATION

Your Full Name: _____

Spouse's Name: _____

Child's Name: _____

Child's Age: _____

Address: _____

City _____ State: _____ Zip: _____

Employer: _____ Job Title: _____

Work Address: _____

Work City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Birthplace: _____ Birthday: _____ Age: _____

U.S. Citizen: _____ If no, please specify: _____

Marital Status: Single Married Divorced Widowed Separated

CHURCH & SPIRITUAL BACKGROUND

In the space below, briefly answer the following questions. Please identify your answers (i.e. 5a, 5b, and 5c).

- a. Tell us how you became a Christian and about your growth in Christ.
- b. Share your ministry background and experiences.
- c. State why you believe God is leading you to serve Him.

Today, I'm expressing my desire to participate in the Leadership Development Center at First Euleless and be equipped for life and ministry.

Signature: _____ Date: _____

Printed Name: _____

Please return your enrollment form by mail, fax, or email:

First Euleless
Leadership Development Center
Attn: Greg Love
1000 W. Airport Freeway
Euleless, TX 76039
Fax: 817-540-7490
Email: seminary@firsteuleless.com

Feel free to contact us anytime via:
seminary@firsteuleless.com – 817-540-7460 – or online at www.LDCfirsteuleless.com