



# couples visitor form

**Thank you for your interest in our community. Please print, fill out and return this form to us as soon as possible. This will help us determine if a visit is possible at the time you have requested. If you are interested in joining JPUSA for a long term stay, this form is the first step as we require a short visit and interview prior to making long term plans.**

DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|      |  |     |               |
|------|--|-----|---------------|
| NAME |  | AGE | Date of Birth |
|------|--|-----|---------------|

|     |            |                |  |
|-----|------------|----------------|--|
| M/F | OCCUPATION | MARITAL STATUS |  |
|-----|------------|----------------|--|

|      |  |     |               |
|------|--|-----|---------------|
| NAME |  | AGE | Date of Birth |
|------|--|-----|---------------|

|     |            |                |  |
|-----|------------|----------------|--|
| M/F | OCCUPATION | MARITAL STATUS |  |
|-----|------------|----------------|--|

|         |  |  |  |
|---------|--|--|--|
| ADDRESS |  |  |  |
|---------|--|--|--|

|      |       |     |         |
|------|-------|-----|---------|
| CITY | STATE | ZIP | COUNTRY |
|------|-------|-----|---------|

|          |
|----------|
| PHONE(S) |
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|          |
|----------|
| EMAIL(S) |
|----------|

**EMERGENCY CONTACT:**

|      |          |
|------|----------|
| NAME | RELATION |
|------|----------|

|        |        |
|--------|--------|
| HOME # | WORK # |
|--------|--------|

**If you have children accompanying you on your visit, please list:**

|      |     |     |
|------|-----|-----|
| NAME | AGE | M/F |
|------|-----|-----|

|      |     |     |
|------|-----|-----|
| NAME | AGE | M/F |
|------|-----|-----|

|      |     |     |
|------|-----|-----|
| NAME | AGE | M/F |
|------|-----|-----|

|      |     |     |
|------|-----|-----|
| NAME | AGE | M/F |
|------|-----|-----|

|                           |
|---------------------------|
| Requested Visiting Dates: |
|---------------------------|

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| Alternate Dates: |
|------------------|

**Are there any specific medical conditions in your family that we should be aware of?**

*(If so please explain and list any medications being taken.)*

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**How did you hear about Jesus People USA?** \_\_\_\_\_

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**What are your family members' talents, hobbies or interests?** \_\_\_\_\_

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**Please tell us briefly about your respective faith journeys, as well as a little about yourselves (you may wish to include what areas you are looking to grow in while you're here) so that we can better address your needs:**

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**What do you hope to accomplish during your visit to Jesus People USA? (Please list any specific goals you might have, as well as general aspirations).** \_\_\_\_\_

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**In what areas and ways have you been active in your home church or fellowship?** \_\_\_\_\_

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**We would like the following information about your pastor, counselor, deacon, or fellowship leader for reference purposes:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

***Thank you for your time in helping us get to know you. We hope that your visit will be an exciting and challenging time for you. We will be contacting you to confirm the details of your visit, so please do not finalize your plans until you hear from us.***

**Any questions? Please contact Julie Andrews or Anna Bender:  
visit-couples@jpusa.org or call 773-751-5773**

**Mail or fax your application form to:  
Visiting Couples Coordinators, 920 W. Wilson Ave, Chicago IL 60640**