

# THE CHAPEL - SHORT TERM MISSION APPLICATION 2023

**(NOTE: EACH APPLICANT NEEDS TO COMPLETE AN APPLICATION)**

Cuba & Central America \_\_\_\_\_  
Filter of Hope (April 15-21)

Burundi \_\_\_\_\_  
(June 17-26)

Basque (Spain) \_\_\_\_\_  
(July 3-9)

Mexico \_\_\_\_\_  
(July 15-22)

TODAY'S DATE: \_\_\_\_\_

## PLEASE PRINT LEGIBLY:

Name: \_\_\_\_\_  
Last First Middle Initial

Gender: Male \_\_\_ Female \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What Chapel campus does your family usually attend: Sandusky \_\_\_ Norwalk \_\_\_ Port Clinton \_\_\_

Preferred Phone: **(Circle)** Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Do you text? Yes \_\_\_ No \_\_\_

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month Day Year

Current or last employer (if student, name of school): \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

**Do you have a current passport? Yes \_\_\_ No \_\_\_ Applying \_\_\_ If yes, PASSPORT NUMBER \_\_\_\_\_**

**PASSPORT EXPIRATION DATE: \_\_\_\_\_ NAME ON PASSPORT: \_\_\_\_\_**

Which country/s are you a citizen? USA \_\_\_\_\_ Other: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

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

Will your spouse or other relatives be traveling with you? Yes \_\_\_ No \_\_\_

In what ways (if any) have you served at The Chapel, and when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a: Chapel Member \_\_\_\_\_ Attendee \_\_\_\_\_

In 100 words or less, tell your story of how you came to faith in Christ: \_\_\_\_\_

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Do you have any personal, local or global mission experience? If so, where and when: \_\_\_\_\_

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Do you have any medical complications or allergy concerns? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Do you have any medical/First Aid/CPR training? Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

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Please share why you are considering this short-term mission: \_\_\_\_\_

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What strengths/gifting/skills would you bring to a team? \_\_\_\_\_

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What concerns, if any, do you have as you consider this mission? \_\_\_\_\_

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I am willing to refrain from using alcohol or tobacco while on this mission: Yes \_\_\_\_ No \_\_\_\_

Masks remain in question in some places. I will do whatever my team lead, airline, or host country require. Yes \_\_\_\_ No \_\_\_\_\_

I will abide by whatever Covid requirements (testing, etc.) are required by the host country. Yes \_\_\_\_ No \_\_\_\_

**How do you plan to pay for this trip?**

\_\_\_\_\_Paying my own way

\_\_\_\_\_ Paying part of my way and raising financial support from family and friends.

\_\_\_\_\_ Raising all my financial support from family and friends

\_\_\_\_\_ I need help learning how to develop my financial support team

Will attend all pre-mission meetings and help with post-mission events? Yes \_\_\_\_ No \_\_\_\_

Pastoral or Chapel ministry leader reference: \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**

**THE CHAPEL**

**4444 GALLOWAY ROAD**

**SANDUSKY, OH 44870**

**ATTN: MISSION TEAM**

**Or**

**EMAIL: PAT@THECHAPEL.FAMILY**

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**If you are under the age of 18 at the time of the Short-Term Mission, please complete the following:**

**Do both of your parents live at the address above? Yes \_\_\_\_ No \_\_\_\_ If not, what is the address of the parent or legal guardian?**

\_\_\_\_\_  
\_\_\_\_\_

**Will a parent or legal guardian be with you on this mission? Yes \_\_\_\_ No \_\_\_\_**

**Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_**