

THE CHAPEL - SHORT TERM MISSION APPLICATION 2022

(NOTE: EACH APPLICANT NEEDS TO COMPLETE AN APPLICATION)

Central Asia _____ Germany _____ Burundi _____ Mexico _____ Cuba or Central America _____

TODAY'S DATE: _____

PLEASE PRINT LEGIBLY:

Name: _____

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: _____

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

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

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

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

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

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

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

I will wear my Covid mask on all flights and whenever expected by our ministry host and team lead. Yes ___ No _____

Have you received the Covid-19 vaccine? Yes ____ No ____

Which manufacturer of vaccine? _____

Date completed: _____

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

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: _____