

Short-term Mission Project Participant Application – 2018
The Chapel EFC, St. Joseph, MI

Check one:

Work team to Word of Life Hungary for Dorm Remodel (10 days, approx. October 12-21)

Since we do not have firm dates for the Hungary team at this time, please feel free to contact Jeff Templeton at 269-930-0220 or templetonj2212@comcast.net before completing this application.

Please print or type your responses

Today's Date: _____

Name: _____

Age: _____ (at time of trip)

Address: _____ City: _____

Phone: _____ E-mail: _____

Cell: _____

If you have served on a short-term team since 2013, you do not need to complete the following questions on this application: #2, 5, 7, 11, 15

Have you been on a short-term team (either at The Chapel or elsewhere) before? _____

Full name as it appears on your Passport: _____

Expiration date of passport: _____

If you do not have a passport, please begin the application process. (Instructions can be found at http://travel.state.gov/passport/get/first/first_830.html). **Please check the expiration date on your passport. If it will expire within twelve months of the trip, you will need to renew it before travelling.** (See http://travel.state.gov/passport/renewal/renew_833.html)

1. Are you a member of The Chapel? Yes _____ No _____

If no, do you attend regularly? Yes _____ No _____

2. **Briefly** explain your conversion experience.

3. **Briefly** describe why you would like to serve on this project team.

4. Please list the skills and experiences you have that you think would be useful on the team.

5. Please describe your interest and/or experience in short-term missions.

6. The Chapel has offered the Perspectives course that teaches about the role of missions work (short and long term) in the biblical context of advancing God's Kingdom. Have you taken this course?
Yes_____ No_____

7. Describe a situation in which you have been required to be flexible. Do you think you will have difficulty adapting in an uncertain situation? Yes_____ No_____. If yes, please explain.

8. You may be asked to lead devotions or worship during this project. Please describe your quiet time (Bible reading and prayer life, etc.) Would you be comfortable leading others in devotions?
Yes_____ No_____

9. You will be asked to recruit prayer partners for the duration of the project. Please list a number of potential prayer partners.

10. You will be asking others for financial contributions toward the cost of the trip and otherwise helping to raise funds. Would you have any difficulty participating in raising funds?

Yes_____ No_____. If yes, please explain.

11. You will be serving under a team leader during this ministry. Would you have any problem working with or submitting to a team leader? Yes_____ No_____. If yes, please explain.

12. Do you have any medical condition(s) or medications that might prove a concern?

Yes_____ No_____. If yes, please explain.

13. If you answered “yes” to Question 10, could you get your doctor’s written approval to go on this trip? Yes_____ No_____

14. All Chapel workers undergo a background check. Would you approve a confidential background check as part of your application? Yes_____ No_____. If no, please explain.

15. Please provide three references.

Name	Phone number	Relationship to this person

16. What other information about you would help us know you better and assist us in making the correct choice concerning your application?

17. If you are accepted for this ministry, you will be required to attend approximately six orientation and training meetings. Would these meetings pose a problem for you?

Yes _____ No _____. Comments:

18. If you are married, does your spouse support this application? Yes _____ No _____

If your spouse is applying with you and he/she is unable to go, are you still interested in serving?

Yes _____ No _____

Spouse's Approval

I understand and accept that having my spouse participate on the Word of Life Hungary 2013 trip will increase my responsibilities while he/she is preparing for the trip and while away from home on the trip. I see this as a way to share in this ministry and support my spouse in his/her endeavor.

(Spouse's signature)

(Date)

Applicant Signature

The information that I have provided on this application is accurate. I give representatives of The Chapel permission to contact the references I have provided. I understand that my application is subject to the approval of the missions committee and the elder board of The Chapel.

(Applicant's signature)

(Date)

Questions? Please can contact Jeff Templeton at templetonj2212@comcast.net or 269-930-0220.

Thank you for the time and prayers you have invested towards this application.

Please submit this application to the church office or contact Jeff Templeton.