

Please send Application to:

Chosen

3638 West 26th Street

Erie, PA 16506

Or email: kristen@chosenima.org



In addition to the application below, please send us the following:

_____ A photocopy of your passport photo page.

_____ A signed copy of the Code of Conduct, Code of Ethics, Release of All Claims and Liability, and COVID – 19 Policy forms.

Project Name: _____

Project Start and End Date: _____

Name: _____ **(Nickname)** _____

Home Address: _____

City, State, ZIP: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

E-Mail Address: _____

Gender: _____ **Birthdate:** _____

Name on Passport: _____

Passport Number: _____ **Citizenship:** _____

Issue Date: _____ ***Expiration Date:** _____

Are you a part of a group? _____ **If so, which group?** _____

Do you speak Spanish? _____ **Are you proficient enough to interpret?** _____

Are you coming as a General Helper? _____ **Skills/Talents:** _____

Emergency Contact Name: _____ **Relationship** _____

Emergency Contact Address: _____

Emergency Contact City, State, Zip: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

Medical Concerns that we should be aware of? _____

Are you taking any medication? _____ Please list: _____

Are you limited in day to day activities? _____ Please explain: _____

Do you have dietary restrictions or food allergies? _____

Is this your first trip with Chosen? _____

Other missionary experience? _____

What do you hope to experience during this trip?

Would you like to prepare a 5-10 minute devotional for the team? _____ T-Shirt Size? _____

Is there anything else that you would like us to know about you?

* Passport expiration must be at least six months after trip end date

