Application for Housing
Shepherds Bethel Mission.
P.O. Box 37 West Baden IN, 47469
Phone: (812) 936-9648

1. Name of applicant: First________________________________  Last_____________________________

2. Present address:__________________________ City:________  State:_____ Zip: _____________

3. Number in family included: Total:______ Boys:______ Ages:______ Girls:______ Ages:______

4. Number of children attending public school here: _____________________________________________

5. Mission board name: ______________________ Address: ________________________________
   ___________________________________________ Phone: _______________________________

6. Sending Church name & contact info:
   _____________________________________________
   _____________________________________________

7. Any other phone number where we can reach you: _____________________________________________

8. E-Mail____________________________________

9. Field of service: ________________________________

10. Type of ministry: ________________________________

11. Length of service under this board: ________________________________

12. Exact arrival date: ________________________________

13. Approximate length of stay needed: ________________________________

14. Any special need? ____________________________________________________________
    __________________________________________________________
    __________________________________________________________

15. Our ministry runs on a cooperative team spirit. Can your family obey the rules set down by Shepherd’s
   Bethel staff? __________________

16. How did you hear about this ministry? ____________________________________________________________
    __________________________________________________________
    __________________________________________________________

17. **NO PETS ALLOWED OF ANY KIND.**

18. Homes are fully furnished. Please do not bring any furniture with you.

19. Lines 1-14 **MUST** be completed to process application.