

25315 E. Arrah Wanna Blvd.
Welches, OR 97067
Phone: 503-564-8012
Website: sanctuaryinn.org



Application for Short or Long-Term Stay

Filling out this application for Sanctuary Inn is not a commitment on the part of Sanctuary Inn to receive you into the community.

Please check one:

- Applying for a Short Stay (3 nights - 3 weeks)
- Applying for a Long Stay (1 - 3 months)

If you would like to come for a stay shorter than 3 nights, we consider this a hospitality stay and debriefing services will not be provided. Please email our Director Steve Price (steve@sanctuaryinn.org) if you are interested in a short respite with us.

Mr./Ms./Miss: _____ Family Name: _____

Marital Status: *Please circle*

Single Married Divorced Separated Widowed

Engaged If engaged, where does your fiancé live? _____

Husband Full Name: _____ Birth date: _____

Wife Full Name: _____ Birth date: _____

Children:

Name: _____ Age: _____ Birthdate: _____ School Grade: _____

Name: _____ Age: _____ Birthdate: _____ School Grade: _____

Name: _____ Age: _____ Birthdate: _____ School Grade: _____

Name: _____ Age: _____ Birthdate: _____ School Grade: _____

Name: _____ Age: _____ Birthdate: _____ School Grade: _____

In which country/countries were your children born? _____

Current Mailing Address: _____

Email address(es): _____

Cell Phone(s): _____ Skype contact: _____

Immigrations Status: *Please circle*

US Citizen Permanent Resident (green card) Visa: F-1 F-2

Other; please explain: _____

Your country of citizenship: _____

Have you or has else in your immediate family been arrested, accused, disciplined or dismissed from a job or any ministry position for any reason? No _____ Yes _____

Have you or has else in your immediate family been accused, disciplined or dismissed for moral or ethical reasons? No _____ Yes _____

Have you or anyone else in your immediate family dealt with substance abuse or addiction?
No _____ Yes _____

If you have answered yes to any part of these questions, please provide a detailed explanation on a separate page.

Dates you are requesting to be at Sanctuary Inn: _____

What languages do you as well as those in your family speak? _____

Are there any medical food allergies for you or your family? We will make an effort to appropriately accommodate. Our meals are whole food homemade meals. _____

Are there any special medical concerns for any family member? If yes, please explain. What might we need to know to accommodate these concerns? _____

What are the educational needs for your children while you are at Sanctuary Inn? _____

State briefly why you are interested in being at Sanctuary Inn.

While you are at Sanctuary Inn, what else do you anticipate doing? Are you on furlough/home assignment? Medical leave? Other? _____

Has your mission given you specific time parameters for being away from the field? _____

What do you feel that you (and your family) need right now? How can we be praying for you?

What do you want to see happen while you are at Sanctuary Inn? _____

What do you think will need to happen for you and your family to be prepared to return to your field of service or be ready to take your next ministry/work steps? _____

What are some of your favorite foods or simple joys that you and your family miss while overseas?

Please provide the contact information for your home/sending church as well as the name of the pastor and a contact name and information for your mission committee leader or other relevant person. When possible, we believe it is important to have a team approach with others already involved in your care.

Church Name: _____ Phone: _____

Address: _____ Email: _____

Pastor/Missions or Pastor/Missions Committee Member: _____

Phone: _____ Email: _____

Missions Agency: _____ Phone: _____

Address: _____ Email: _____

Supervisor: _____

Phone: _____ Email: _____

If you are willing for us to be in communication with your sending agency or church regarding your stay at Sanctuary Inn, please fill out the following release of Information for Sanctuary Inn:

I, _____, hereby authorize Sanctuary Inn (25315 E. Arrah Wanna Blvd.
(applicant name)

Welches, OR 97067) to share with _____
(name of individual or organization)

any and all information pertaining to _____, for the purposes
of _____. I have been informed and fully understand that this
information may be written, oral, or report form.

Applicant Signature: _____ Date: _____

Sanctuary Inn Philosophy and Expectations

The name, Sanctuary Inn was chosen very deliberately because our desire is that this place be both a sanctuary: a retreat, a respite, a place away from normal demands as well as an inn (a place where you and your family can comfortably stay for the time that you need).

Additionally, Sanctuary Inn is a community. God has designed us to live in community with Him and with others. There is power in community that doesn't naturally make sense. God multiplies the strengths, blessings, and connections in community settings.

Community requires that you share with and participate in the lives of others and not just look out for yourself and your own interests. Community involves sharing meals and sharing responsibilities of caring for the home and place you live in together (i.e. dishes, cleaning, yard and garden work, etc.). We believe that working with our hands can provide a way for our heart, mind, and soul to unpack.

With this in mind, we ask that all those living at Sanctuary Inn to join together daily for the dinner meal. There will also be times to play together and work together and we invite you to participate.

Community living can often be challenging, unfamiliar, and uncomfortable. Therefore, we invite you to bring your concerns and/or struggles with community living to our Directors. Together we can work out how to resolve issues and take steps forward for your good and for the health of our community.

Community Standards of Character and Conduct Agreement:

Sanctuary Inn believes in the freedom for each resident to develop morally, ethically, relationally, and spiritually, under the leadership of the Holy Spirit. We encourage all who come to live a God-controlled life and conform to the highest standards of conduct for your good and for the good of our community. Sanctuary Inn will strive to support each resident in living a life of integrity and continued personal growth. When moral, ethical, or spiritual violations or relational difficulties become known, steps shall be taken to appropriately address areas of concern in character or personal development. Violations of the standards may jeopardize a resident's stay. We will, however, seek to be a community that invites you to restoration first and foremost.

A believer's standard of behavior is based on the Bible. While questions about particular practices may be referred to our Directors, in general, believers should avoid that which is prohibited by Scripture (Mark 7:20-23; Gal. 5:19-21). Behavior should also be limited by that which is unwise or not expedient in deference to those within our Sanctuary Inn community and/or the Body of Christ (Rom. 14; 1 Cor. 8), including that which violates civil law, that which violates professional ethics, or that which puts the safety of a person(s) at risk.

Expectations of Care at Sanctuary Inn:

Sanctuary Inn does not provide on-site ongoing counseling services for individuals, families or children. We are, however, able to provide excellent referrals to competent Christian counselors, pastors, life coaches, educators, physicians, etc., who have a heart for God's Kingdom workers. It is our hope to assist each individual who comes to Sanctuary Inn for a season to heal, learn, and grow so that he/she can be better equipped for Kingdom purposes. In order to achieve this, we have a simple intake process in which we will establish with you a care plan with specific goals to accomplish during your stay at Sanctuary Inn.

While we do not provide ongoing professional counseling on site, we are able to offer cross-cultural debriefing for you and/or your family. And we are able to provide coaching and support to you as you set personal goals for growth.

If with us for a longer stay, you will be expected to have monthly (or if needed, weekly) check-in sessions with our Care Coordinator so as to make sure you are progressing on your goals. These check-in sessions will be 45-50 minutes in length for adults.

Teen debriefings are available on request. We do not at this time have a children's debrief or structured children's program. If you are in need of childcare for your children in order to participate in a debriefing please notify us in advance so that we can help with arrangements when you schedule your stay with us.

Our Care Coordinator, Kara Githens, is a professional counselor who holds an M.A. Counseling & M.A. Intercultural Studies from Western Seminary. She grew up as a third culture kid in Brazil. Kara will normally take point for your intake and care process. Our entire Sanctuary Inn Team has years of cross-cultural experience and has been trained in debriefing. We each look forward to listening, praying with you, and supporting you as you unpack your story.

Please email Kara (kara@sanctuaryinn.org) with any questions or concerns about the care you will be receiving while at Sanctuary Inn.

Financial Arrangements

Our basic statement of belief about finances is that we believe that ultimately God provides for all the needs at Sanctuary Inn. We do not want money to be the limiting factor of whether you and your family can be at Sanctuary Inn.

We do not have set fees, but the numbers below are an estimate of the cost of your stay.

Short Stays - (3 nights - 3 weeks)

Individual	\$35 per night
Children	We charge our daily rate for children 3 yrs and older.

Long-Term Stays (Up to 3 months)

Per Person	\$600/ month
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Housing, food, utilities, laundry, furnishings, linens, and Wi-Fi are all included in your stay at Sanctuary Inn.

Please let us know if you would like to make a donation to the cost of Debriefing and/or Care Coordinator appointments. Thank you!

The financial needs of Sanctuary Inn are met by missionaries who have resources to pay all or a portion of the costs and/or their mission agency or concerned church(es). Additionally, we as a ministry actively seek funds from those individuals and churches who have a heart to participate in the financial needs of those who stay at Sanctuary Inn.

I/we _____ have read the Sanctuary Inn application and have filled it out truthfully to the best of my/our abilities. I/we agree to participate in the community life, live by Godly life standards, and participate in the care process so that I/we can gain the most from our time at Sanctuary Inn.

I/we _____ agree to pay for our stay at Sanctuary Inn or make arrangements for supporters, sending church, or agency to donate

\$ _____ towards our stay.

Applicant Signature: _____

Applicant Signature (spouse): _____

Mail completed application form to Sanctuary Inn.

**Sanctuary Inn
25315 E Arrah Wanna Blvd.
PO Box 655
Welches, Oregon 97067**

All applications will be reviewed and considered. A follow-up phone interview may be necessary before a final decision will be made regarding your stay at Sanctuary Inn. We will connect with you via phone or email as soon as possible to discuss your next steps.

If we do not believe that Sanctuary Inn is a good fit for you and/or your family, or if we are unable to accommodate you during the time you are needing a place to stay, we will do our best to make an appropriate referral whenever possible.