



LUTHERAN DISASTER RESPONSE  
CHAPLAIN NETWORK

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Work Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

CEO's Name \_\_\_\_\_

Contact Information \_\_\_\_\_  
Phone Email

Direct Supervisors Name \_\_\_\_\_

Contact Information \_\_\_\_\_  
Phone Email

Professional Certificates (Please List)

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Special Skills (e.g. Languages, etc)

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Emergency Contact

Name\_\_\_\_\_

Phone\_\_\_\_\_

On Call Month Preferences (Please Indicate)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July      |
| <input type="checkbox"/> February | <input type="checkbox"/> August    |
| <input type="checkbox"/> March    | <input type="checkbox"/> September |
| <input type="checkbox"/> April    | <input type="checkbox"/> October   |
| <input type="checkbox"/> May      | <input type="checkbox"/> November  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December  |

Send to: Rev. Kevin Massey, BCC  
Assistant Director,  
ELCA Domestic Disaster Response  
Lutheran Disaster Response  
Evangelical Lutheran Church in America  
8765 W. Higgins Rd  
Chicago, IL 60631-4101  
Office-773-380-2822  
Fax-773-380-2493