

SHORT-TERM MISSIONS TRIP RENEWAL APPLICATION



Crossings Community Church
Missions/Outreach Ministries
 14600 N Portland Ave
 Oklahoma City, OK • 73134 • 405-755-2227

FOR OFFICE USE ONLY

Date Application Rec'd _____

Date Deposit Rec'd _____

Amount Rec'd \$ _____

Scholarship ____ YES \$ _____

CSF ____ YES ____ NO ____ EXPIRED

CSF/Renewal Rec'd _____

Passport ____ YES ____ NO

All information provided is strictly confidential and will be used only for application purposes by Crossings Community Church

SECTION ONE (R)

PERSONAL INFORMATION

Today's Date / /	Name as it appears (will appear) on Passport	Mission Trip you are applying for
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Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number	Date Issued / /	Expiration Date / /
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dy/year) / /	Country of Citizenship	Country of Birth
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Current Address	City	ST	Zip
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Mailing Address, if different	City	ST	Zip
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Home Phone () -	Mobile () -	Guardian's Cell (if applicant is 18 yrs. or younger) () -
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Which is the best *daytime* contact phone number Home Mobile Guardian's Mobile

Email _____ Guardian's Email (if applicant is 18yrs or younger) _____

At Crossings Community Church, our purpose is to help equip believers to be difference makers in their world and the world for Christ. We recognize that we are all coming from varied backgrounds and experiences. In an effort to help equip you in this cross-cultural outreach and to effectively serve our missionary hosts we would appreciate your response to the following questions.

SECTION TWO (R)

Medical and Emergency Contact Form

Applicant's Name _____ County of Citizenship _____ SSN - -

Do you have a Passport No Yes Passport # _____ Issue Date _____ / _____

Name as appears on Passport _____ Expiration Date _____ / _____

Address _____ City _____ ST _____ Zip _____

Home Phone () - _____ Work Phone () - _____ Mobile () - _____

Gender M F Date of Birth / / _____ State of Birth _____ County of Birth _____

How would you describe your health? Excellent Good Average Poor

Please provide any additional significant medical history or other pertinent information that would be useful or necessary during the course of the mission or in an emergency. This information is confidential; please be as complete as possible.

Any known allergies, including allergies to medication

Prescription medications to be taken regularly while on the trip

Dietary restrictions, whether for medical or other reasons

Date of last Tetanus Booster ____ / ____ Date of last complete physical ____ / ____ Blood type ____

Physician's Name _____ Physician's Phone No. _____

EMERGENCY CONTACTS

Primary Contact

Name _____ Relationship _____

Home Phone () - _____ Work Phone () - _____ Mobile () - _____

Secondary Contact

Name _____ Relationship _____

Home Phone () - _____ Work Phone () - _____ Mobile () - _____

SECTION THREE (R) Mission Trip Waiver and Hold Harmless Agreement

Sponsoring Organization: Crossings Community Church (hereafter “CCC”)
Address: 14600 N. Portland Ave, Oklahoma City, OK 73134
Sponsoring Organization: _____
Address: _____
Coordinators: _____
Dates: Enter dates of trip applying for _____
Description of Activity: _____
Location: Mission Trip Location _____

Participant Name _____ **Age** _____ **Gender** M F

Address _____ **City** _____ **ST** _____ **Zip** _____

Home Phone () - **Work Phone** () - **Mobile** () -

Is Sponsor authorized to approve medical treatment? Yes No

Is Participant covered by personal/family medical insurance? Yes No

Name of Insurer _____ **Policy or Group No.** _____

Emergency Contact’s Name _____

Home Phone () - **Work Phone** () - **Mobile** () -

In consideration for the opportunity to participate in the above activity, I, the Participant, acknowledge and accept the risks of injury associated with participation in and transportation to and from the activity. If, at any time during the trip, I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf by CCC representatives as indicated above, and I specifically release CCC, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of CCC decision on my behalf. I agree to provide for my own personal accident/health insurance.

I accept personal financial responsibility for any injury sustained during this event or during the transportation to and from the activity. I also understand that CCC is not responsible for additional expenses because of omissions, delays, re-routing, or other events resulting from improper documents or acts of any government authority.

Further, I promise to indemnify, defend, and hold harmless CCC and also understand CCC assumes no responsibility or liability for any accident, delay, personal or property damage or loss due to the action of any carrier, company or person serving us; whether due to sickness, labor dispute, war, machinery breakdown, weather, or negligence, etc.

I understand that photos taken may be used for promotion of this ministry.

If a dispute arises over this agreement or any claim for damages arises, I agree to resolve the matter through binding arbitration through the American Arbitration Association. Such arbitration shall be held in Oklahoma City, Oklahoma. This arbitration shall apply not only to the parties to this Agreement but also to any employees, agents or representative(s) of CCC as well as any affiliated or related parties.

Participant Signature

Date

Guardian Signature
 (Required if Participant under 18 yrs. old)

Date