

SHORT-TERM MISSIONS TRIP 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

PERSONAL INFORMATION

Today's Date _____ Name as it appears (will appear) on Passport _____ Mission Trip you are applying for _____
/ /

Do you have a passport? _____ Passport Number _____ Date Issued _____ Expiration Date _____
 Yes No / /

Gender _____ Date of Birth (mm/dy/year) _____ Country of Citizenship _____ Country of Birth _____
 Male Female / /

Current Address _____ City _____ ST _____ Zip _____

Mailing Address, if different _____ City _____ ST _____ Zip _____

Home Phone _____ Mobile _____ Guardian's Cell (if applicant is 18 yrs. or younger) _____
() - () - () -

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.

How did you become a Christian? How long have you been a believer?

Describe how you have grown or struggled in your relationship with Christ in the past year?

In your opinion, what are your strengths (character traits, abilities, gifts)?

What are your weaknesses?

On a team, are you more a leader or a follower? Explain.

Is there anything in your life that could currently be called into question or jeopardize your ability to minister cross-culturally on a team? (i.e., immoral relationship, substance abuse, addiction, police record, pornography, etc.)?

Yes No If 'Yes', please explain.

If you are 18 yrs. or younger move on to Section Three. Otherwise, continue to Section Two.

SECTION TWO

Applicants over 18 yrs. old must complete.

MARTIAL STATUS

Marital Status Single Divorced Separated
 Married Spouse's Name _____

Is your spouse supportive of your applying for this trip? Yes No
If 'No', please explain:

Children's Name and Ages

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

List your educational background from most recent school attended, including high school

Name/Location	Yr. Graduated	Major/Minor	Degree/Certificate

EMPLOYMENT

List your employment and/or volunteer experience below, beginning with the most recent

Employer	Job Title	Length of Employment
.....	_____ mos. / _____ yrs.
Responsibilities		
Employer	Job Title	Length of Employment
.....	_____ mos. / _____ yrs.
Responsibilities		
Employer	Job Title	Length of Employment
.....	_____ mos. / _____ yrs.
Responsibilities		

SECTION THREE

CHURCH INVOLVEMENT

Are you an active participant of Crossings Community Church? Yes No If 'Yes', how long? _____

If NO, with which church are you an active participant? _____ How long? _____

List the ministries with which you have been involved.
(List time of involvement, any leadership positions held, and the organization/church which was responsible for the ministry.)

Church/Mission Organization	Ministry/Activity
_____	_____
Ministry/Volunteer Role	Time of Involvement
_____	_____
Church/Mission Organization	Ministry/Activity
_____	_____
Ministry/Volunteer Role	Time of Involvement
_____	_____
Church/Mission Organization	Ministry/Activity
_____	_____
Ministry/Volunteer Role	Time of Involvement
_____	_____

MOTIVATION

What makes you interested in a mission trip at this time?

List three reasons you are participating on this short-term mission trip.

1.

2.

3.

What personal growth, development or change do you expect to experience as a result of your participation in this trip?

What is your greatest fear, concern or worry about this trip?

CROSS-CULTURAL EXPERIENCE

List skills*, talents or Christian service experiences you feel may be helpful on the field.

*Include foreign languages spoken. (fair/fluent)

List previous mission's experience

Country Church/Mission Organization Dates of Project /

Ministry Purpose

Country Church/Mission Organization Dates of Project /

Ministry Purpose

Country Church/Mission Organization Dates of Project /

Ministry Purpose

SECTION FOUR

SCHOLARSHIPS

Crossings provides a limited number of scholarships for those who have a financial need. To be considered, you must an active Crossings participant and this is your first Crossings-sponsored Trip.

I am interested in receiving a Crossings scholarship. Yes No

SECTION FIVE

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 SIX 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