

SHORT TERM MISSION TRIP APPLICATION FORM

Name: _____ Date: _____
(As it appears on your passport or birth certificate)

Mission Trip: _____ Trip Dates: _____

Date of Birth: _____ Age: _____

Place of Birth: _____ SSN: _____

Marital Status: _____

Home Address: _____

Home Phone No: _____ Passport #: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

PERSONAL REFERENCES:

(Anyone who knows you well: teachers, ministers, family, or friends)

1. Name: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____

Relationship: _____

Address: _____

Phone: _____

3. Name: _____

Relationship: _____

Address: _____

Phone: _____

(more on reverse)

CHURCH INVOLVEMENT

What ministries are you involved in at CCM? _____

Which service do you most often attend? _____

If you do not attend CCM, list name and phone number of the church you regularly attend.

MEDICAL INFORMATION:

Medical Insurance _____

Policy # _____

Family Doctor: _____

Phone: _____

Family Dentist: _____

Phone: _____

List known medical conditions, physical limitations, prescriptions, and/or allergies:

Contact in case of an emergency:

Name: _____

Relationship: _____

Phone: _____

TRAVEL DOCUMENTS:

Valid US passports are required for all mission team members traveling outside of the United States. If other documents are needed for specific countries, you will be notified when your application is accepted.

MISSION AND TRAVEL INFORMATION:

Have you been on a short-term mission trip before?

No

Yes, briefly describe any previous mission or service experience below:

PARENT/GUARDIAN PERMISSION (if participant is 18 or younger):

I, _____ (parent/guardian), give permission for my minor child to participate in Christ's Church at Mason's Short Term Mission Trip and also give my permission for the leaders of the trip to acquire emergency medical and/or dental care in the event that they should need it for the duration of the trip in the country and while traveling.

PARTICIPANT SIGNATURE

By signing this form, I am acknowledging that funding for the trip is completely my responsibility. If I change my plans after I have been accepted, I will pay for all expenses incurred on my behalf.

Name: _____

Date: _____

- **\$100 Deposit Is Due With Your Application**