

APPLICATION FOR SHORT-TERM MISSIONS TRIP

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

OFFICE USE ONLY

PERSONAL INFORMATION

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

Name: _____ Date: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: *Home*: _____ *Work*: _____ *Mobile*: _____ *Best daytime contact #*: _____

Address: _____

Male Female

In which short-term opportunity are you interested? Location: _____ Date: _____

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 have you come to know Christ personally? How long have you been a believer?

How would you describe your walk with Christ this past year?

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

What are your weaknesses?

On a team, are you more of 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, excessive debt, police record, pornography, etc...)? Yes No

If *Yes*, please explain:

Marital Status Single Married Divorced Separated

Spouse's Name: _____

Is your spouse supportive of your applying for this trip? Yes No

If *No*, please explain:

Names and ages of children:

CHURCH INVOLVEMENT

Are you an active participant of Crossings Community Church? Yes No

If *Yes*, how long?

If *No*, with which church are you a member and for how long?

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

MOTIVATION

What makes you interested in short-term cross-cultural service at this time?

List your specific reasons for believing God may be leading you to this opportunity.

What are your desires/hopes for yourself by your participation in this trip?

EDUCATION/EMPLOYMENT

Please list your educational background from most recent school attended, including high school:

<i>Name/Location</i>	<i>Year Graduated</i>	<i>Major/Minor</i>	<i>Degree/Certificate</i>
1.			
2.			
3.			

Please list your employment and/or volunteer experience below, beginning with the most recent:

Employer: _____ Length of Employment: _____

Title/Responsibilities:

Employer: _____ Length of Employment: _____

Title/Responsibilities:

CROSS-CULTURAL EXPERIENCE

Please indicate any skills, talents, or Christian service experience that you feel may be helpful on the field.

Please list previous missions experience:

<i>Country</i>	<i>Church/Mission Organization</i>	<i>Dates of Project</i>	<i>Ministry Purpose</i>
1.			
2.			
3.			
4.			

VITAL STATISTICS

Date of Birth: _____ Social Security Number: _____
Country of Citizenship: _____ Country of Birth: _____
Do you have a passport? Yes No
If Yes, Passport Number? _____ Date Issued/Expiration Date: _____ / _____
Name as it appears (will appear) on Passport: _____

In case of an emergency, please notify: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Numbers Home: _____ Work: _____ Mobile: _____

HEALTH

How would you describe your present health?
 Excellent Good Average Poor
List major illness(es) in the last five years: _____
List current medication(s) and their treatment purpose(s): _____
List known allergies: _____
Name of primary physician: _____

REFERENCES

(Please provide an email address where a reference form can be sent to each person listed.)

Spiritual mentor/leader

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Email: _____

Friend/co-worker (non relative)

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Email: _____

SCHOLARSHIPS

Crossings provides a limited number of scholarships for those who have a financial need. To be considered, you must be a Crossings member and not have participated in a Crossings sponsored trip.

I am interested in receiving a Crossings scholarship. Yes No

COMMITMENT

Crossings Team

If selected to be a part of a Crossings team, I make a commitment to:

- participate in the planning process prior to departure.
- conduct myself in a manner worthy of the Lord while serving Him on the project.
- submit to the authority of the team leader(s) and the host on-the-field and to outlined team policies.
- refrain from any behavior which may compromise my witness (i.e., abusive language, drug use, etc.).

Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

Sign: _____ Date: _____