

# APPLICATION FOR SHORT-TERM MISSIONS TRIP



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

<b><u>FOR OFFICE USE ONLY</u></b>	
Date Application Rec'd	_____
Date Deposit Rec'd	_____
Amount Rec'd \$	_____
Scholarship _____ YES \$	_____
C S F _____ YES _____ EXPIRED _____ NO	
CSF/Renewal Rec'd	_____

## PERSONAL INFORMATION

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

Date filling out application	What Mission Trip are you applying for		
Name as it appears (will appear) on Passport:		Do you have a passport?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Passport Number	Date Issued (mm/year)	Expiration Date (mm/year)	
	/	/	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dy/year)                    /                    /		
Country of Citizenship	Country of Birth		
Current Address	City	ST	Zip
Mark the best <b>daytime</b> contact phone number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile			
Home Phone	Work Phone	Mobile	
Email			

*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.*

**Application for Short-Term Mission Trip**

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  Divorced  Separated

Married 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? \_\_\_\_\_

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.)

Empty text box for listing ministries.

How do you think your current service prepares you for this mission trip?

Empty text box for describing current service preparation.

**MOTIVATION**

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

Empty text box for explaining interest in service.

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?

Empty text box for describing expected personal growth.

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

Empty text box for describing greatest fear or concern.

**Application for Short-Term Mission Trip**

**EDUCATION/EMPLOYMENT**

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>

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

Employer	Title	Length of Employment
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Responsibilities:

Employer	Title	Length of Employment
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Responsibilities:

**CROSS-CULTURAL EXPERIENCE**

List skills, talents, or Christian service experience you feel may be helpful on the field. Do you speak any language other than English (fair/fluent)?

List previous mission's experience

Country	Church/Mission Organization	Dates of Project (mm/year)
Ministry Purpose		
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Ministry Purpose		
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Ministry Purpose		

**Application for Short-Term Mission Trip**

**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

**REFERENCES**

*Provide an email address where a reference form can be sent to each person listed.*

**Spiritual mentor/leader**

Name		Relationship	
Address	City	ST	Zip
Home Phone	Work Phone	Mobile	
Email			

**Friend/co-worker (non-relative)**

Name		Relationship	
Address	City	ST	Zip
Home Phone	Work Phone	Mobile	
Email			

**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.
- Participate in a post-trip debriefing session.
- 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.

Would you be willing to lead a devotional?  Yes  No

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

## Medical & Emergency Contact Form

Name		Birth Date (mm/dy/year) / /
Insurance Co.	Group No.	Policy No.
Insurance Company's Emergency Phone Number		
Other Pertinent Insurance Information		

Please provide any 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 CONTACT

### PRIMARY CONTACT

Name		Relationship	
Address	City	ST	Zip
Home Phone	Work Phone	Mobile	

### SECONDARY CONTACT

Name		Relationship	
Address	City	ST	Zip
Home Phone	Work Phone	Mobile	

## 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 Information

Participant Name		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Address		City	ST	Zip
Home Phone	Work Phone		Mobile	
Is Sponsor authorized to approve medical treatment?		Yes <input type="checkbox"/>		
Is Participant covered by personal/family medical insurance		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Insurer		Policy or Group No.		
Emergency Contact's Name				
Home Phone	Work Phone		Mobile	

### Participant Agreement

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

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date