SHORT-TERM MISSIONS TRIP

**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**

APPLICATION



Global Missions Ministries

# 14600 N Portland Ave

# Oklahoma City, OK • 73134 • 405-242-5559

Email: apresley@crossings.church

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

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| **SECTION ONE** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| **Today’s Date**  **/    /** | **Name as it appears (will appear) on Passport** | | | | | | **Mission Trip you are applying for** | | | |
| **Do you have a passport?**  **Yes**  **No** | **Passport Number** | | | **Date Issued**  **/** | | | | | **Expiration Date**  **/** | |
| **Gender**  **Male**  **Female** | **Date of Birth (mm/day/year)**  **/**    **/** | | | **Country of Citizenship** | | | | | **Country of Birth** | |
| **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 equip believers to help others find and follow Jesus. 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.

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| **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.**

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

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| **SECTION TWO Applicants over 18 yrs. old must complete.** |

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| **MARITAL STATUS** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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:**

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**Children’s Name and Ages**

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| --- | --- | --- | --- | --- |
| **Name** | **Age** |  | **Name** | **Age** |
|  |  |  |  |  |
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| **EDUCATION** |

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

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| --- | --- | --- | --- |
| **Name/Location** | **Yr. Graduated** | **Major/Minor** | **Degree/Certificate** |
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| **EMPLOYMENT** |

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

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| --- | --- | --- | --- | --- |
| 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** | | | |

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| **SECTION THREE** |

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| **CHURCH INVOLVEMENT** |

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| **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** | | |  | | | | |

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| **MOTIVATION** |

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

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

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| --- | --- | --- |
| 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?** | | |

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| **CROSS-CULTURAL EXPERIENCE** |

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| **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**

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| --- | --- | --- |
| 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** | | |

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| **SECTION FOUR** |

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| **SCHOLARSHIPS** |

**Crossings provides a limited number of scholarships for those who have a financial need. To be considered, you must a Crossings participant with a minimum of 6 months active participation and this is your first Crossings-sponsored Trip.**

**I am interested in receiving a Crossings scholarship**.   **Yes**   **No**

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| **REFERENCES** |

*Provide an email address where a reference can be obtained from 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** | | | | | | |

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| **COMMITMENT** |

Crossings Team

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

* Participate in the Spiritual prep. and 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 if needed?**  **Yes**  **No**

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| **Applicant** |  |  |  |  |
|  |  |  |  |  |
| **Signature** |  | **Print Name** |  | **Date** |

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| **If Applicant is 18 yrs. or younger** | | | | |
|  |  |  |  |  |
| **Guardian’s Signature** |  | **Print Name** |  | **Date** |

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| **SECTION FIVE Medical and Emergency Contact Form** |

**How would you describe your health?**  **Excellent**  **Good**   **Average**  **Poor**

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| --- | --- | --- | --- | --- |
| **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.** | |

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| **EMERGENCY CONTACTS** |

**Primary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | **Relationship** | |
| **Home Phone** (     )     - | **Work Phone** (     )     - | | **Mobile** (     )     - |

**Secondary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | **Relationship** | |
| **Home Phone** (     )     - | **Work Phone** (     )     - | | **Mobile** (     )     - |

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| **SECTION SIX Mission Trip Waiver and Hold Harmless Agreement** |

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Name** | | | **Age** | | | **Gender**   **M**  **F** | |
| **Address** | | **City** | | | **ST** | | **Zip** |
| **Home Phone** (     )     - | **Work Phone** (     )     - | | | **Mobile** (     )     - | | | |

**Is Sponsor authorized to approve medical treatment?** **Yes**  **No**

**Has Participant received Covid Vaccinations (BOTH)?** **Yes  No**

**Has Participant received Covid Booster(s)?**  **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 agree to cover any additional expenses related to contracting Covid during the trip, this would include, but not limited to medical care, additional lodging, and any expenses related to changes in travel.

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 Name (Please Print) |  | Date |

|  |  |  |
| --- | --- | --- |
| Participant Signature |  |  |
| Guardian Name (Please Print)  (Required if Participant under 18 yrs. old) |  | Date |
|  |  |  |
| Guardian Signature  (Required if Participant under 18 yrs. old) |  |  |