

SHORT-TERM MISSIONS TRIP APPLICATION



CROSSINGS
COMMUNITY CHURCH

Global Missions Ministries

14600 N Portland Ave
Oklahoma City, OK • 73134 • 405-242-5559
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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 & 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?

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.

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.

MARITAL 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 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

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			

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

Applicant

Signature

Print Name

Date

If Applicant is 18 yrs. or younger

Guardian's Signature

Print Name

Date

SECTION FIVE Medical and Emergency Contact Form

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

Coordinators:

Dates:

Description of Activity:

Location:

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"/> No <input type="checkbox"/>	
Has Participant received Covid Vaccinations (BOTH)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has Participant received Covid Booster(s)?	Yes <input type="checkbox"/> No <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

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

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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)
