

SHORT-TERM MISSIONS TRIP RENEWAL APPLICATION



CROSSINGS
COMMUNITY CHURCH

Global Missions Ministries

14600 N Portland Ave

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

Email: myoungblood@crossings.church

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 and will be used only for application purposes by Crossings Community Church

SECTION ONE (R)

PERSONAL INFORMATION

Today's Date	Name as it appears (will appear) on Passport	Mission Trip you are applying for
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Current Address	City	ST	Zip
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Mailing Address, if different	City	ST	Zip
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Home Phone	Mobile	Guardian's Cell (if applicant is 18 yrs. or younger)
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Which is the best *daytime* contact phone number ☐ Home ☐ Mobile ☐ Guardian's Mobile

Email	Guardian's Email (if applicant is 18yrs or younger)
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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.

SECTION TWO (R)**Passport and Medical Information**Do you have a Passport ☐ No ☐ Yes

Country of Citizenship

Passport #

Issue Date

Name as appears on Passport

Expiration Date

Gender ☐ M ☐ F

Date of Birth

Country of Birth

State of Birth

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.

Name of Insurance Provider

Policy or Group No.

Name of Insured

Work Phone

Home Phone

EMERGENCY CONTACTS**List Primary Contact Below**

Name

Relationship

Home Phone

Work Phone

Mobile

List Secondary Contact Below

Name

Relationship

Home Phone

Work Phone

Mobile

COMMITMENT

Crossings Team Member: 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 THREE (R)

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 Name

Age

Gender ☐ M ☐ F

Application for Short-Term Mission Trip

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

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 Signature
(Required if Participant under 18
yrs. old)

Date