SHORT-TERM MISSIONS TRIP APPLICATION Include with this application:

• A deposit check made out to Calvary Chapel in the amount of \$200 which will be returned if you are not selected for the team.

A recent photo. Destination: **GENERAL INFORMATION:** (please print) Name (as printed in passport for airline tickets) Address _____ State _____ Zip _____E-mail _____ City Home Phone _____ Work Phone ____ Cell/Beeper ____ ? Male ? Female Nickname _____ Age_____ Citizen of what country?_____ Do you have a valid passport?____ Passport #_____ Expiration date of passport _____ Date of Birth_____ Marital Status: ? Single ? Married ? Divorced Spouse's Name: ___ ___Spouse's Occupation: _____ Children's Names and ages: **SPIRITUAL INFORMATION:** 1. Is Calvary Chapel your home church?_____ What services(s) do you attend? If not, where do you attend? How long have you attended? 2. Have you participated in the Mission Training Classes at Calvary Chapel?_____ If yes, which class have you completed? 3. What ministries are you involved with at Calvary Chapel? Do you attend a home fellowship? 4. Do you serve in any volunteer/leadership role in any ministry or outside the church? 5. What do you think your spiritual gifts are?_____ 6. Please name a pastor or leader at Calvary Chapel who could give you a reference: 7. Please list two people who know you and your spiritual walk (name and phone #): 8. Please describe how and when you came to know the Lord: __

WORK EXPERIENCE/TALENTS:	any cross-cultural experience? ate in this mission trip rama, singing, instruments, puppets, construction, medical, teaching
If yes, where and when?	any cross-cultural experience? ate in this mission trip rama, singing, instruments, puppets, construction, medical, teaching
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If yes, where and when?	rama, singing, instruments, puppets, construction, medical, teaching
1. Please explain briefly why you want to participa NORK EXPERIENCE/TALENTS: 2. Please list any specific talents that you have. (dretc.)	rama, singing, instruments, puppets, construction, medical, teaching
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. Please list any specific talents that you have. (drtc.)	
etc.)	
Where are you employed?	
. Where are you employed?	
Position? How lo	
. What do you see as your strongest character qual	lity and why?
. What do you see as your weakest character quali	ity and why?
IEALTH INFORMATION:	
. Do you have or have you ever had:	
? Fainting Spells ? Heart Problems	? Diabetes
? Eating Disorder ? Respiratory Prob	blems ? Seizures
. Do you have any condition which might affect y	your ability to fully function as a missionary on this trip (i.e., fear of
ying, depression, anxiety, sleeping disorders)?	
. Do you have any chronic illnesses or allergies?	? Yes ? No If yes, explain:

5. Have you ever had any psychiatric care or treatment? ? Yes ? No If yes, explain:	
6. Please list any hospitalization history:	
7. Does your health insurance cover you overseas	
8. How would you describe your health and fitnes	s? ? Excellent ? Good ? Average ? Needs work
PERSONAL INFORMATION:	
What are your personal expectations for this trip	p?
2. If you are in a dating/engaged relationship, is the	his person applying to serve on the same mission team? ? Yes ? No
3. How does your family feel about you going on	
4. Have you been involved with any of the following	ing within the past year?
? Alcohol or Tobacco? ? Illegal Drugs?	
? A Cult or the Occult ? Criminal Activ	ity?
5. Have you ever been convicted of committing a	crime? ? Yes ? No If yes, explain:
6. If you are applying for a trip that includes ministyou agree to a check? ? Yes ? No	stry to children, you may be required to have a background check. Will
	occurred in your life in the past two years?
dress and Christian lifestyle. These are explained is members. Failure by team members, leaders and s refund or reimbursement. Team members, leaders sickness, accident, death, or terrorist acts or for track Application fees and all sponsor funds received by deduction, the IRS stipulates that the donor must reason, contributions from sponsors cannot be refu will be a fundraiser and will receive credit for raisi be in good physical condition, and we may require I have read and understand the above information. my knowledge. My signature signifies my approve	The information I have given CCSP is accurate and true to the best of all of all limitations listed above.
Signature of Applicant:	Date: