

Mission Trip Application

Christ Community Church
1201 Slate Hill Road – Camp Hill, PA 17011

Applications should be printed clearly using blue or black ink (or typewritten).
Complete all sections. If anything does not apply to you, write N/A for that item.

Trip Destination _____ **Dates** _____

Print your full name *exactly* as it appears on your passport.
Last Name _____ **First** _____ **Middle** _____ **Preferred Nickname** _____

Email Address _____ **Birth Date (M-D-Y)** _____ **Gender (M or F)** _____

Mailing Address (Street, City, State Zip Code) _____ **Citizenship** _____

Home Phone Number _____ **Cell Number** _____ **Work Number** _____

Occupation _____ **Name of Spouse (if applicable)** _____

If applying without your spouse, does he or she support your participation? Yes No

Have you ever been on a Mission Trip with Christ Community Church? Yes No

If yes, when and where (latest trip)? _____

Who were the Trip Leaders _____

Are you born again? Yes No Are you Spirit-filled? Yes No

Have you been water baptized? Yes No If so, date _____ place _____

What spiritual gifts have you experienced operating in your life? _____

Are you a member of Christ Community Church? Yes No

Do you tithe? Yes No

Are you willing to meet specific payment deadlines? Yes No

How will you pay for this trip? Savings* Gifts from partners* Other*

Important: *Contributions raised by you will go toward fulfilling this ministry. Should something unforeseen keep you from going on this trip, your donations would be used to help others on the team. If an unanticipated situation (political or otherwise) prevents team travel at this time, money raised would be used for future CCC Mission trips. Trip contributions are nonrefundable and cannot be held for any one individual. Your place on the trip may be forfeited if you fail to meet payment due dates.

List area(s) of church life where you have served or are currently serving _____

List your interests/gifts/abilities (construction, drama, street ministry, etc) _____

List foreign language(s) you speak/read/write and whether fluent _____

Do you have any physical limitations? ___Yes ___No If yes, describe_____

List any current medications you are taking and the reason_____

List any allergies (including food, medicine, bee stings, etc)_____

List any special dietary requirements and whether you will bring supplemental food for your diet_____

Is there any legal action pending against you or unresolved legal matter in your life that restricts you from going outside of Pennsylvania or leaving the USA? ___Yes ___No
If yes, describe_____

Name / relationship of person to contact in case of emergency_____

Phone number of emergency contact_____

Address of emergency contact_____

Medical Insurance Carrier and Policy #_____

Medical Insurance Phone Number_____

Name and phone number of *two* people from CCC who know you. ***At least one of them must be a leader*** in some capacity such as pastor, director, church staff, home group leader or youth/children's ministry leader. If you work in a specific ministry at CCC, one of your two references should be a leader from that particular ministry.

(1)_____

(2)_____

I certify that **all answers** given on this Application are **true and complete** to the best of my knowledge. If chosen to participate with any mission team at Christ Community Church, I agree to abide by all direction and guidelines given before, during and following the trip as it pertains to my participation both on the trip and as a team member. This includes all direction given by the Missions Pastor, my team leader and any Missions Ministry representative as well as CCC leadership.

In the event of being chosen for this mission, I understand false or deceptive information given on my Application or during an interview (if any) will result in cancellation of my participation on the trip.

Signature of Applicant

Date

Signature of Parent/Guardian (if Applicant is under 18)

Date