

**Mission Trip Application**

Email: Missions@christcc.org  
Revised Jan 2006

**Christ Community Church**  
1201 Slate Hill Rd 717-761-2933  
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

Have you completed Christ Community Church's Breaking Free class?  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 areas 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 which restricts you from going outside of Pennsylvania or leaving the USA? \_\_\_ Yes \_\_\_ No

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.

(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 any false or deceptive information given in my Application or 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**