

Short Term Mission Trip Application

Note: The information requested on this application helps you, your team leaders, and our mission contacts have a positive mission experience. It is essential this application be completed in its entirety. Confidentiality is maintained. Once your application and references are submitted, our selection committee reviews your file and makes a recommendation concerning your participation on the requested trip. COLLIN CREEK CHURCH will notify you of the decision.

(Please copy and paste form into a word document and print.)

Please return your completed application to:

COLLIN CREEK CHURCH

1905 East Parker Road

Plano TX 75074

Applying for Mission trip to _____

General Information

Name (As it appears on you passport): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

What is your highest year of education completed? _____

Occupation: _____

Employer or School: _____

Social Security Number: _____

Male _____ Female _____ Single _____ Married _____

Do you attend Church? _____ If yes, Where? _____

How often do you attend? Weekly _____ 2 to 3 times monthly _____

Rarely _____

Travel Information

For international trips you will need a passport. If you do not have one or your current one expires within six months of the return date of this trip, you will need to apply as soon as possible.

Passport Number: _____ Citizenship: _____

Date of Issue: _____ Date of Expiration: _____

Date of Birth: _____ Place of Birth: _____

Father's Name _____

Mother's Name (Maiden) _____

Emergency Contact Information

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Health Questions

Do you have any health issues? Yes _____ No _____

Physician Name and Phone Number: _____

Describe any health problem requiring medical care: _____

List prescription medication: _____

List any chronic disease, medical restriction, special dietary needs, or allergies:

Health Insurance Information - REQUIRED ON ALL TRIPS

Do you have health Insurance? Yes: _____ No: _____

Is it applicable outside of the U.S.? Yes: _____ No: _____

Company Name: _____

Policy Number: _____

Name of Insured: _____

Field Ministry Experience

What languages other than English do you speak, read, or write?

(Please indicate proficiency level) _____

Previous short term missions? Yes: _____ No: _____

Location and dates of last two trips:

1. _____

2. _____

Have you ever traveled outside of the U.S.? Yes: _____ No: _____

Location of last two trips:

1. _____

2. _____

Are you involved with any ministry at your local church? Yes: _____ No: _____

If yes, what ministries and how long?

1. _____

2. _____

3. _____

What is your practice in personal prayer and Bible study? _____

What spiritual gifts and skills do you have that will help you serve effectively on this mission team? _____

Why would you like to participate on this mission trip? _____

Testimony

- 1. When did you become a Christian? _____
- 2. Have you been baptized? Yes: _____ No: _____
- 3. Have you given your personal testimony before a group? Yes: _____ No: _____

Please include on a single separate sheet your personal testimony

References

Reference 1:

Name and Relationship: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Reference 2:

Name and Relationship: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Covenant

As a member of the *COLLIN CREEK CHURCH* mission team, I understand I represent not only myself, but also Christ, *COLLIN CREEK CHURCH* and my church. If selected to be part of a short term mission team, I agree to:

- 1. Conduct myself as a guest and a servant in a manner worthy of the Lord while serving on this trip.
- 2. Submit to the team leader's authority and the needs of the group over my own in a way that honors them and the Gospel.
- 3. Refrain from any behavior that may compromise my witness.

4. Return home at my own expense, if at any time, while on this trip, my behavior constitutes a problem as determined by the team leader.
5. Abstain from the use of alcohol, tobacco, illegal drugs and/or any immoral behavior.
6. Not hold trip leaders, the sponsoring mission/missionaries, or Bridge Builders for the Cross responsible for any accident, injury, illness or other personal loss that might result from this trip.
7. Authorize trip leaders, as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness.
8. Purchase a health insurance policy specifically for this trip if I do not have applicable coverage.

SIGNATURES

For a mission trip to be successful, each person on the team needs to submit themselves first to the Lord and then to their appointed team leader(s). By signing below, you affirm that the above information is true and that you willingly submit to your team leader(s) and uphold them in prayer for this trip.

Printed Name: _____

Signature: _____

Date: _____

Parent or Guardian Name if under 18: _____

Parent or Guardian Signature: _____

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