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## Short-Term Mission Trip Application

July 29 – August 5, 2017 | Reynosa, Tamaulipas, MX

### General Instructions for Applicant:

- Fill out hard copy of form or fill out on computer.
- After you have printed out the document, please remember to go back and sign & date the necessary pages.
- Drop off signed form or scan form and email electronic copy to Christ Church PCA Office
- If you have any questions or concerns, please contact the Christ Church PCA Office.
- **Please note that filling out this application does not guarantee approval**

Today's Date: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_  
(First, Middle, Last)

Preferred Name/Nickname: \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: \_\_\_\_\_

Will you be under 18 years of age at the time of the trip? \_\_\_\_\_

T-Shirt Size (S, M, L, XL, XXL): \_\_\_\_\_

### **Contact Information**

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of an emergency, please provide primary and alternate contact information along with your primary care physician information:

Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Medical/Background Information**

1. Please specify foreign countries you have visited, length of stay, and purpose of visit:
  
  
  
  
  
  
  
  
  
2. Specify language abilities (other than English) and level (*beginner, understand some, respond intelligently, fluent*):

*The following questions are required to be on file for legal and insurance purposes:*

3. Do you have any health restrictions, known allergies, medical problems, or limiting physical conditions that would restrict your ability to participate fully or that the team leader should be made aware of? YES      NO  
(If "Yes," please explain)?
  
  
  
  
  
  
4. List any medications that you are presently taking (only if continuing through dates of participation):
  
  
  
  
  
  
5. List the vaccinations that have been received :
  
  
  
  
  
  
6. Have you ever been arrested or convicted for a crime? (If "Yes", please explain)? YES      NO
  
  
  
  
  
  
7. Have you ever been arrested or convicted for sexual child abuse (If "Yes", please explain) ? YES      NO

## **Church/Missions Background Information**

Current church membership: \_\_\_\_\_

How long have you been a member of the above-mentioned church? \_\_\_\_\_

How long have you been attending Christ Church? \_\_\_\_\_

Have you attended a Short-Term Mission Trip in the past? If Yes, please provide details of trip (*such as organization, location visited, and year*):

Please state your reason(s) for wanting to participate in this Short-Term Mission Trip with Christ Church:

What are some particular skills, gifts, or talents that you would be willing to use as part of the Mission Trip (*such as music, speaking, working with young children, etc.*)?

What are some present ways you are making use of God's ordinary means of grace (*such as attending worship, prayer, fellowship, etc.*) to grow in your walk with Christ?

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Describe a recent experience of service to the church (e.g. VBS, sound booth, nursery, youth ministry, or other Christian organizations, etc.), including the length of service:

Describe your personal relationship with Jesus Christ. Please comment upon your conversion, your walk over the last few years, and your habit of Bible reading and prayer. (*if you need additional space, please attach another sheet*):

As a participant of this trip, I agree to the following:

1. To attend all meetings and training sessions and to complete all scheduling requirements (i.e., application in on time, support letters sent out on time, personal prayer team set up, follow up and thank you notes for support, etc.).
2. Submit to the authority of Christ Church staff, team leader, missionaries and national pastors/workers during the field experience.
3. To participate in any church-sponsored activities designed to raise funds for the trip.
4. To cover my share of the cost for the trip after church fundraising efforts (whether from personal funds or by support-raising) and will meet all the deadlines for monies due. I recognize that failure to meet any deadline related to finances may prevent me from going on the trip.
5. I recognize that if for any reason the trip is cancelled any expenses incurred will first be deducted against contributions raised. No contributions given to the church will be returned, but will be kept in an account for use on a future approved trip.

X- (*Signature of Participant*) \_\_\_\_\_ *Date:* \_\_\_\_\_

X- (*Signature of Parent or Guardian if under 18*) \_\_\_\_\_ *Date:* \_\_\_\_\_