

## Short-Term Missions Trip Application

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Trip Destination: \_\_\_\_\_

**Mission Organization** (Supply info on a group not supported by CCC as to their purpose and doctrinal statement.):

***Why do you want to go on this trip and what do you hope to gain from this experience?***

**Please share your personal testimony as to how you became a Christian:**

**Please explain how you would lead a person to faith in Christ (with verses):**

***What do you do personally to maintain your relationship with God?***

If you are under age 18, please have your parent or legal guardian sign below, granting you permission to travel as part of this missions team.

Signature: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Parent or Legal Guardian Day Month Year

**Please provide two references:**

Checkrow Church Leader (name and phone number): \_\_\_\_\_

A non-family member (name and phone number): \_\_\_\_\_

### **Medical Information**

*Do you have any medical condition that would keep you from traveling or hinder your work on a missions trip? If yes, please explain:*

*Are you taking any medication? If yes, what medication?*

**In an emergency, who do we contact? Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Day phone:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_ **Cell phone (if different)** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

I agree to abide by the standards and requirements of the Missions Organization and the Leader for the field I will work on.

**Signature:** : \_\_\_\_\_ **Date:** \_\_\_\_-\_\_\_\_-\_\_\_\_

Once you've completed this app, including all necessary signatures and references, please return to Checkrow Missions Committee.