



Mission Trip Application



Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ DOB: _____

Have you been on a short-term mission trip before? _____ Explain: _____

Are you a Christian? _____ When were you saved? _____

Name of the church you attend: _____

Name the church activities involved in (i.e. choir, nursery, etc.) _____

How often do you attend church? _____

Which services do you attend regularly? _____

If fundraising is needed, do you agree to work at any and all functions for this trip? _____

Do you have a valid, up-to-date Passport? _____

Have you ever been convicted of a criminal offense? _____ If so, please explain: _____

Medical History:

Are you currently taking any prescription medications for any reason: YES NO

If so, please explain: _____

Do you have any medical history that may affect your participation on this mission trip in any way? If

so, please explain: _____

Which trip are you most interested in? (country & date) _____

If under the age of 18:

Parents/Guardians Names: _____

School: _____ Grade: _____

School Phone Number: _____

Name of School Guidance Counselor: _____

What are your grades like? (i.e. above average (A/B's, GPA, etc.) _____

Extracurricular activities (i.e. chorus, soccer, Boy Scouts, etc.) _____

Applicant's Agreement:

As Calvary Tabernacle Church-sponsored mission trip, I understand that my participation on this mission team will be prayerfully evaluated by the Calvary Tabernacle Missions Board. I will graciously accept and cooperate with the decisions made.

Signature

Date

Parent/Guardian Signature
(if applicant is under 18 years of age)