

For Office Use Only

Deposit _____
 (\$500 deposit must be received 120 days before event)
 Application reviewed _____
 Interview _____
 Ins Policy _____
 Pastor's Signature _____
 Reference checked _____
 Passport _____
 Exp Date _____
 2 copies of Passport _____
 Photos for Visa _____
 Visa Application _____



CROSSWAY International

Short-Term Mission Application

All team members are required to participate in the specialized pre-field training for each trip. The location and date of the training is listed at the end of the application. Please order the audio CD packet of the "Make it Clear!" seminar - suggested donation price is \$30 +\$5 shipping.

Trip Destination: _____ Trip Date: _____

Please list your name **as it appears on your passport**. If you do not yet have your passport, list your name as it appears on your birth certificate.

Last Name: _____ First: _____
Middle: _____

Address: _____ City: _____ State: _____
Zip: _____

Home phone: _____ Work phone: _____

E-mail: _____ Fax: _____

Cell: _____ Occupation: _____

Place **AND** Date Passport Issued: _____

Passport Number: _____ Expiration Date: _____

Date of Birth: _____ Male _____ Female _____ Blood Type: _____

Church: _____ City: _____ State: _____

Street Address: _____

Name: _____

Personal Information

Briefly describe how you became a Christian.

Have you previously participated in STM (Short Term Mission) Trips? ___ Yes ___ No

If yes, briefly share the countries involved in and the type of mission trip (construction, medical, etc...)

If yes, briefly share how you have taken experiences from your STM and used them in your everyday life.

Briefly state below, the reason you would like to participate in this short-term mission trip and some of your key expectations concerning the trip.

Name: _____

I understand that the start of the Short Term Mission Trip starts well before the date of departure and does not end when one returns home. Therefore, as a part of the trip I as a team member, am expected to participate fully in the pre-field and on-field activities, the debriefing and post-field activities.

I understand that team members must be flexible, cooperative, and strive to maintain a positive attitude. I agree to cooperate at all times with the team leader concerning our trip - including daily assignments, food, lodging, and transportation. I agree to stay with the team from beginning to end (including debrief), and to share my faith in an appropriate Christian manner. I understand that I am expected to participate in post-field activities.

Complete "Make it Clear!" Seminar: Yes____ No____ (there are two ways you can fulfill this requirement: in a team environment with your team leader OR privately with the audio CD's)

I _____ give permission for CrossWay International to use photos taken of me during my participation in CrossWay International events for newsletters and mission trip information.

Please note that the following is for the purpose of helping us organize the type of ministry and activities that will take place during the mission trip. It is not related to eligibility for participation in a CrossWay International event.

Skills and Training: Do you have specialized training in the following medical areas:

___ Medical Doctor ___ Dentist ___ Optometrist/Ophthalmologist ___ Nurse

___ Dental Assistant ___ Physical Therapy ___ CPR Certified ___ CPR Instructor

___ First Aid Certified ___ First Aid Instructor ___ Other: _____

Do you play a musical instrument? ___ No ___ Yes Type(s): _____

Do you have experience in working with any of the following:

___ Public Speaking ___ Children's Ministry/Activities ___ Leading Bible Studies

Hobbies and Interests:

___ Sewing ___ Crochet ___ Weaving ___ Crafts ___ Drawing/Painting ___ Music

___ Sports ___ Nutrition ___ Herbs/Gardening ___ Carpentry ___ Puppeteering

___ Mechanics/Small Engine repair ___ Wiring ___ Solar Energy ___ Mimes/Drama

___ Other areas not listed: _____

References (may **NOT** be family members unless your father is the pastor):

Pastor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Applicant Signature

Date

Name: _____

Insurance:

CrossWay International does not carry insurance coverage for participants on short-term missions assignments. Therefore, you will need to contact your insurance company and verify that your coverage is valid for travel within the country to which you are going. If you are not covered, it is your responsibility to purchase short-term coverage for the time that you are with CrossWay International. Proof of personal insurance coverage is required for participants.

Regardless of the type of insurance you have, you will often be required to pay for services rendered at the time rendered and will then need to file a claim with your insurance company for reimbursement upon your return.

Insurance Verification

This is to certify that _____ insurance company will cover _____ while in the country of _____ during the dates of _____ through _____.
Policy # _____

Emergency claims telephone number:

In the US _____ When overseas _____

In the event of illness/injury, all claims will be filed against a policy with the above named company. I further understand that CrossWay International does not provide insurance coverage for participants on short-term mission trips or training events.

Medical History

List all medical problems for which you have received medical care for in the past 12 months:

List any allergies (including food allergies), breathing problems, and chronic conditions of which team leaders should be aware:

List any history of major illness and/or surgeries, as well as any prescription drugs (and their generic names) that you are now taking:

EMERGENCY INFORMATION AND LIABILITY WAIVER

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

WAIVER

In being accepted and allowed to participate in CrossWay International Ministries activities associated with its programs and locations, I assume responsibility for my actions. I release CrossWay International, it's Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, injury, or damage to my property or myself. Nothing contained herein shall excuse CrossWay International, it's employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release CrossWay International, its Staff, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for injury or illness that I may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon, or dentist.

In the event of my death I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating religious work in other countries.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian _____

(if applicant is under 18 years of age)

