

Uth Missions Calvary Chapel Kendall

June 13 - June 20

ACCEPTANCE TO THE TEAM: Once your application is received and reviewed, you will be contacted by the Missions Ministry. Calvary Chapel has the right to refuse acceptance of any applicant, the reason for that refusal will be discussed with the applicant. Payment will be refunded to those who are not accepted to the team.

RAISING SUPPORT: As a short term mission team member, you may receive contributions through sponsors to assist with the cost of the trip. Because of IRS rules for non-profit organizations, contributions from donors are not refundable to you or to your donor.

GENERAL INFORMATION: (please print)

NAME AS IT APPEARS ON YOUR PASSPORT

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

E-mail Address _____ Marital status _____

Date of Birth _____ Age _____ Male or Female? _____

Nickname _____ Citizen of what country? _____

Do you have a valid passport? _____ Issued by what country? _____

Passport # _____ Expiration Date of Passport _____

HEALTH INFORMATION:

1. Do you have or have you ever had: Fainting Spells Heart Problems Diabetes
 Respiratory Problems Seizures Eating Disorder
2. Do you have any condition that might affect your ability to fully function as a team member on this trip (e.g., fear of flying, depression, anxiety, sleep disorders)?

3. Are you a vegetarian? _____ Please describe any and all special dietary needs you have (no milk products, no meat, need for specially schedule meals, etc.)

4. Do you have any chronic illnesses or allergies? Yes No If yes, please explain

5. Are you presently taking medication prescribed by a doctor? Yes No
If so, which medications?

6. Have you ever had any psychiatric care or treatment?

7. Please list any hospitalization history.

8. Does your health insurance cover you overseas?

* If not, you will be required to purchase overseas healthcare.

9. How would you describe your health and fitness?

Excellent Good Average Below Average

* You may be required to provide a doctor's letter of "clearance" before traveling.

SPIRITUAL INFORMATION:

1. Is Calvary Kendall your home church? _____ If not, where do you attend? _____

2. How long have you attended Calvary? _____ Which services do you attend?

3. Have you participated in the Christian Essential/Deep Faith Classes at Calvary Chapel?

4. If yes, which classes have you completed?

5. What ministries are you involved with at Calvary Chapel?

6. Do you attend a home fellowship?

7. Do you serve in a volunteer/leadership role in any ministry at Calvary Chapel or outside the church?

8. Have you participated in other ministries or outreaches at Calvary Kendall?

9. What are your spiritual gifts? _____

10. Name one pastor or leader at Calvary Kendall who could give you a reference.

11. List two people who know you and your spiritual walk (name and phone number).

12. Please briefly describe how and when you came to know the Lord.

13. Have you been water baptized? _____ If yes, where and when?

14. Have you ever served on a missions trip or had a cross-cultural experience?

15. Explain why you want to go on this trip.

16. WORK EXPERIENCE/TALENTS:

1. Please list any talents that you have (drama, singing, instruments, medical, teaching, construction, etc.)_____

2. Where are you employed?

What is your occupation? For how long?

3. Do you speak any foreign languages fluently? _____

4. What do you see as your strongest character quality and why?

5. What do you see as your weakest character quality and why?

PERSONAL INFORMATION:

1. What are your personal expectations for this trip? What would make this trip a success for you?

2. If you are dating or engaged to someone, is this person applying to be a part of this team?

3. Do you consider yourself: Introvert Extrovert Intuitive Decisive
 Fact Oriented Perceptive Feeling Intellectual

4. How does your family feel about your participation on this trip?

Have you been involved with any of the following within the past year?

Alcohol? Yes No Illegal drugs? Yes No Criminal activity? Yes No
Tobacco? Yes No Cult or the occult? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain.

I have reviewed the schedule of team meetings, and I commit to attend ALL scheduled meetings.
 Yes No If you can't attend a meeting, please indicate reason why?

What are the most significant events that have occurred in your life in the past two years?

5. Do you have any questions or concerns regarding this trip that you would like answered at this time?
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Calvary Chapel Kendall requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. These are explained in the Team Covenant, which will be provided to accepted team members. Failure by team members, leaders, and staff to comply with these policies is grounds for dismissal, without refund or reimbursement. Team members, leaders, and staff serve at their own risk, and Calvary Chapel Kendall is not liable in the event of sickness, accident, death, or terrorists acts. Calvary Chapel Kendall is also not liable for transportation and any other expenses beyond normal involvement. Application fees and all sponsor funds received by Calvary Chapel Kendall are contributions and are not refundable. To receive a tax deduction, the IRS stipulates that the donor must release control of all funds donated to a non-profit organization. For this reason, contributions from sponsors cannot be refunded, nor can they be designated to any specific person. Team members may raise funds and receive credit for these funds equal to the price of his or her trip. We require all participants to be in good physical condition, and we may require a doctor's reference and exam.

I have read and understand the above information. The information I have given is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations listed above.

Signature of Applicant: _____ Date: _____

Child Care Authorization Form

We, the undersigned parents,

_____ and _____,

hereby grant Pastor Jose Casas and Calvary Chapel of Kendall, of 16435 SW 117 AVE, Miami, FL 33177 the authority to take temporary care of the following child(ren):

_____.

This grant of temporary authority shall begin on June 13, 2009, and shall remain effective until terminated by the undersigned.

The above named caretaker(s) shall have the power to:

Seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

Authorize medical treatment or medical procedures in an emergency situation.

Make appropriate decisions regarding clothing, bodily nourishment, and shelter.

Sign release forms for sports.

Sign release forms for field trips.

Signatures required:

(parent name) (date)

(parent name) (date)