

NORTHGROVE

CALVARY CHAPEL

MISSIONS

To complete our Mission Trip Application, please download a copy to your computer. The application will download as a fillable pdf. Once complete, please email the application to quaniee@ccngoc.org

Alternatively, you can print the application to fill it out. Once complete, please scan and email all pages to quaniee@ccngoc.org or turn it in at church to Mike or Quanie Edsell.



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Please complete and return by email:
quaniee@ccngoc.org
or, turn it in at church to Mike or Quanie Edsell

Please print in ink or type.
Couples should fill out separate forms.

MISSION TRIP APPLICATION

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Home: _____ Work: _____ Cell: _____

Email/Home: _____ Email/Work: _____

Birth Date: _____ Gender: Female Male

Marital Status: Single Married Separated Divorced

Occupation: _____ Skills: _____

Passport #: _____ Expiration Date: _____

Spouse's name: _____ Is he/she a believer? _____

EMERGENCY CONTACTS

Full Name: _____ Relationship to You: _____

Address: _____ State: _____ Zip: _____

Home: _____ Work : _____ Cell: _____

CHURCH INFORMATION

Church Name: _____ Pastor's Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Denomination: _____

Email: _____ Website: _____

LEADERSHIP INFORMATION

What leadership responsibilities have you had with your church or other organizations? _____

Church/Mission trips: _____

Any musical instruments you play? _____

Languages you speak? _____

MEDICAL INFORMATION

Please give information concerning any medical conditions, dietary needs, prescription medications, handicaps, allergies (to medicine or other), special needs etc.

Check whether you have or have had - Circle if they still apply to you now!

Describe frequency and/or dates. Use additional paper if necessary.

AIDS/HIV

Hypoglycemia

Anemia

Incapacitating headaches

Anorexia nervosa

Insomnia

Asthma

Leukemia

Bulimia

Manic/Depressive Disorder

Cancer

Motion sickness

Convulsions

Nervous Breakdown

Diabetes

Psychiatric counseling

Disturbed sleep

Psychosis

Drug flash-back

Rheumatic fever

Epilepsy

Stomach ulcers

Excessive fatigue

Thyroid trouble

Fainting spells

Treatment for depression

Hepatitis

Tuberculosis

High blood pressure

Venereal disease

Other/describe

Have you used the following in the past 3 years?

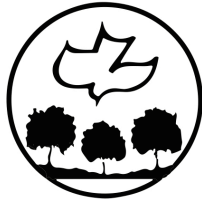
LSD Sleeping pills Marijuana Tranquilizers Heroin Mood Elevators

Alcohol Other Drugs Specify reason, frequency and dates of last use:

Is there any reason that you should not be with children or in a school classroom situation? _____

To the best of my knowledge, the information supplied on this form is accurate and truthful.

Signature: _____ Date: ____/____/____



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MEDICAL RELEASE FORM

I, _____, do hereby authorize, Mike Edsell and my other mission trip team partners, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physicians in the exercise of his/her best judgment may deem advisable.

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Emergency Contact#1: _____ Phone: _____ Alt. #: _____

Emergency Contact #2: _____ Phone: _____ Alt. #: _____

Your Birth Date: _____ Last Tetanus Toxoid Booster: _____

Allergies to food or drugs: _____

Special Medications: _____

Primary Physician: _____ Phone: _____

Address: _____

Insurance Co. Policy #: _____

Please attach a copy of your insurance card below.

Front

Back



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PERSONAL COVENANT & LIABILITY RELEASE FORM

The guidelines listed below are recommended for those participating in this journey. You go not as a tourist, but as a servant for Christ and others and as a guest of another country. It is very important to be VERY FLEXIBLE and willing to adjust to the events as they unfold and to the expectations of your host.

By signing below, I recognize and accept the following conditions which will further the usefulness and safety of our short-term mission. As a member of this team, I agree to:

1. Release and discharge the organizations and individuals, which helped make these arrangements, including, NorthGrove Calvary Chapel and any churches, schools, or universities connected with this trip, and our fellow trip team members, and any of their agents, employees, officers, and volunteers from all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against these organizations, their agents, employees, officers, and volunteers, and their successors or assigns, for all personal injuries known or unknown, and injuries to property, real or personal, caused by or arising out of this journey. I intend to be legally bound by this statement.
2. Acknowledge that by engaging in this journey, I am subjecting myself to certain risk voluntarily, including and in addition to those risks that I normally face in my personal and business life.
3. Refrain from giving gifts, such as money, clothes, jewelry, tape/CD players, etc. to an individual. Although the intent of the giver is good, the result after we leave can cause problems for our hosts, and jealousy and bitterness amongst those locals who received no such gift. If I feel compelled to give a gift to someone I have met, I will first consult the team leader before I promise to give the gift, and I promise to let him, or her make the final decision on this matter. The covenant does not apply to the items we have asked you to bring that will be distributed to our hosts, or by our hosts.

Participant's Signature: _____ Date: _____

Participants Name (Please Print): _____



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STATEMENT OF FAITH

These core beliefs make up the foundation upon which all our ministry activities are based.

1. We believe the Bible to be the infallible Word of God. That it is His holy and inspired Word and that it is of supreme and final authority.
2. We believe in one true God, eternally existing in three persons— Father, Son, and Holy Spirit.
3. We believe Jesus Christ was conceived by the Holy Spirit and born of the Virgin Mary. He led a sinless life, took on Himself all our sins, died and rose again, and is seated at the right hand of the Father as our mediator and advocate.
4. We believe that all men everywhere are lost and face the judgment of God, and need to repent and turn to God so that their sins may be forgiven. The sacrifice of Jesus Christ and His resurrection provide the only grounds for salvation for those who have faith and believe in Him.
5. We believe in the resurrection of the body and that Christ shall come again in glory to judge the living and the dead.

I have read the above *Statement of Faith* and agree with it without reservation.

Signature: _____ **Date:** ____/____/____