



## Calvary Chapel Short-Term Missions Application

**Please note: submission of application does not constitute approval to attend this trip. We will contact you upon review of your application & receipt of reference forms.**

### *General Information*

Please list missions trip you are applying for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status \_\_\_\_\_  
(if you have been divorced, give explanation on separate sheet)

Employer/School \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

Passport number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_

If you are in a dating relationship with someone, is this person applying to come on a CCOB missions trip? If yes, please list name \_\_\_\_\_

Please check box if you have been involved with any of the following in the past year? Alcohol or Tobacco  Illegal drugs  A cult or the Occult  Gang related Activities   
If you checked any box please explain \_\_\_\_\_

If you are single, are you sexually active?  yes  no

How long have you been a committed part of the body at Calvary? \_\_\_\_\_

Where did you fellowship before? \_\_\_\_\_

In what way, if any, are you serving? \_\_\_\_\_

Do you attend a Calvary Home Fellowship? \_\_\_\_\_

If so, how often and who leads the group? \_\_\_\_\_

If not, why? \_\_\_\_\_



Do you have any prior ministry training or experience? Briefly describe: \_\_\_\_\_

What previous missions' projects have you participated in? \_\_\_\_\_

**Please indicate below the skills, training, experience and/or spiritual gifts you have in the following areas:**

Ministry	Health Care	Construction	Business	Other
<input type="checkbox"/> Teaching	<input type="checkbox"/> Physician	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Accounting	<input type="checkbox"/> Health & Fitness
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Dentist	<input type="checkbox"/> Electrical	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sports
<input type="checkbox"/> Music	<input type="checkbox"/> Nurse	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Counseling
<input type="checkbox"/> Drama/Mime	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Masonry	<input type="checkbox"/> Management	<input type="checkbox"/> Photography
<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Architect	<input type="checkbox"/> Computer	<input type="checkbox"/> _____
<input type="checkbox"/> VBS	<input type="checkbox"/> Midwife/Doula	<input type="checkbox"/> General Handiwork	<input type="checkbox"/> Agriculture	<input type="checkbox"/> _____

**On a separate sheet of paper, please answer the following in detail**

- Briefly describe your family life background.
- Please give a one page personal testimony: your life before Christ, how you became a Christian, your life with Christ.
- Give reasons for your desire to go to the mission field.
- Are you willing to submit to the established leadership of the trip?
- What does leadership mean to you?
- List any talents, abilities, and hobbies. Also, circle any of the following that best describes you: Helper, Giver, Merciful, Singer, Prophet, Teacher, Compassionate, Intercessor, Evangelist, Leader, Visionary, Counselor, Missionary, Healer, Server, Disciple, Exhorter, Administrator, other.
- What persons and/or books, magazines have influenced you most in your walk w/ Christ?
- If you have any children, please list name, age, sex and grade in school. Are there any disabilities?
- Have you ever been convicted of a crime before? Expelled from school? Served time in a juvenile detention center or jail? If yes, explain.
- Please describe your present job situation (i.e. full or part-time, schedule, your position, name of employer, supervisor's name, address, phone number).



### **Education History**

High School/Secondary or equivalent from which you graduated:

Name \_\_\_\_\_ Location \_\_\_\_\_

Year of Graduation \_\_\_\_\_

College/University/Vocational School/Seminary/Bible College attended:

Name \_\_\_\_\_ Location \_\_\_\_\_

Dates \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Dates \_\_\_\_\_ Degree \_\_\_\_\_

Do you speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language(s)? \_\_\_\_\_

### ***Please read the following Statement of Faith and sign below text:***

Calvary Chapel Old Bridge (CCOB) is a fellowship of believers from all walks of life who have come together with the common vision of growing in the grace and knowledge of the Lord Jesus Christ. CCOB emphasizes changing lives by studying God's Word, worshipping God in spirit and in truth, and sharing the love of Jesus Christ with one another and with those we encounter throughout our lives.

#### **Statement of Faith**

We are a fellowship of believers in the Lordship of Jesus Christ. Our supreme desire is to know Christ and to be conformed to His image by the power of the Holy Spirit. We are not a denominational church, nor are we opposed to denominations as such, only their over-emphasis of the doctrinal differences that have led to the division of the Body of Christ.

**WE BELIEVE** that the only true basis of Christian fellowship is His love (agape), which is greater than any differences we possess, and without which we have no right to claim ourselves Christians (Romans 2:11; Ephesians 2:4).

**WE BELIEVE** worship of God should be Spiritual. We remain flexible and yielded to the leading of the Holy Spirit to direct our worship (John 4:23-24).

**WE BELIEVE** worship of God should be inspirational. We give a great place to music in our worship (Ephesians 5:19).

**WE BELIEVE** worship of God should be intelligent. Our services are designed with great emphasis upon teaching the Word of God, that He might instruct us as to how He should be worshipped (Acts 20:27; Romans 12:1; James 3:17).

**WE BELIEVE** worship of God is fruitful. We look for His love in our lives as the supreme manifestation that we have truly been worshipping Him (1 John 3:14).



**WE BELIEVE** that there is one living and true God, eternally existing in three Persons: the Father, the Son and the Holy Spirit, equal in power and glory; that this triune God created all, upholds all, and governs all (Genesis 1:1; Matthew 28:19; John 10:30; Hebrews 1:3).

**WE BELIEVE** that all the Scriptures of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and that these are the infallible rule of faith and practice (2 Timothy 3:15; 2 Peter 1:21).

**WE BELIEVE** IN GOD THE FATHER, an infinite, personal Spirit, perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ (John 4:24; Matthew 5:48; 1 Peter 5:7; John 16:24; Hebrews 7:25).

**WE BELIEVE** IN JESUS CHRIST, God's only begotten Son, conceived by the Holy Spirit. We believe in: His Virgin birth, sinless life, miracles and teachings; His substitutionary atoning death, bodily resurrection, and ascension into heaven; His perpetual intercession for His people, and His personal, visible return to earth (John 10:33; Isaiah 7:14; Matthew 1:23; Luke 1:35; Hebrews 4:15, 7:26; John 2:11; 1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9; John 11:25; 1 Corinthians 15:4; Mark 16:19; Acts 1:11; Revelation 19:11).

**WE BELIEVE** IN THE HOLY SPIRIT, who came forth from the Father and Son to convict the world of sin, righteousness and judgment, and to regenerate, sanctify and empower in ministry all who believe in Christ. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher and Guide. We believe in the present ministry of the Holy Spirit, and in the exercise of all Biblical gifts of the Spirit as reflected through the fruit of that same Spirit (John 16:8; Romans 8:13-14; 1 Corinthians 3:16; 6:19-20; Ephesians 4:30, 5:18).

**WE BELIEVE** that all people are sinners by nature and choice, and therefore, are under condemnation; that God regenerates by the Holy Spirit those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit and with power for service, either at the time of, or subsequent to, regeneration (John 3:16-19, 5:24; Romans 3:23; 5:8-9).

**WE BELIEVE** in the universal Church, the living spiritual body of which Christ is the Head, and that all regenerated persons are members (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).

**WE BELIEVE** that the Lord Jesus Christ committed two Ordinances to the Church: 1) Baptism, and 2) The Lord's Supper. We believe in Baptism by immersion and in Communion open to all believers (Matthew 28:19; Acts 8:36-38; 1 Corinthians 11:24-26).

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Signature of agreement

Date



## Pastoral Recommendation

Name: \_\_\_\_\_

Pastor:

The above named applicant has applied to participate in a Missions trip with Calvary Chapel Old Bridge and has named you as a reference. The information we receive from you will help us to make a decision concerning their acceptance. Therefore, we would appreciate it if you would complete the following and mail it to us as quickly as possible. Thank you for your cooperation.

How long have you known the applicant? \_\_\_\_\_

Describe the evidence you see in the applicant's life of his/her commitment to follow Christ. Would you recommend them and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rank the following characteristics with the number that you believe best describes the applicant: **1** = unobserved **2** = poor **3** = average **4** = good **5** = excellent

<u>Characteristic</u>	<u>1-5 Rating</u>
<b>Responsibility</b> (ability to faithfully assume and carry out duties or obligations)	_____
<b>Adaptability</b> (ability to adjust to changes in circumstances)	_____
<b>Promptness</b> (ability to perform readily or immediately)	_____
<b>Perserverence</b> (ability to move ahead in the face of adversity)	_____
<b>Decisiveness</b> (ability to synthesize information and make a decision)	_____
<b>Initiative</b> (ability to assess a task, follow through to completion)	_____
<b>Cooperation/Teamwork</b> (ability to work with other people)	_____
<b>Communication</b> (ability to evaluate, exchange thoughts clearly and logically)	_____
<b>Spiritual Maturity</b> (demonstrate maturity and consistency in Christian faith)	_____
<b>Appropriate Behavior</b> (moral and ethical issues)	_____
<b>Emotional Stability</b> (response to stressful situations)	_____
<b>Personal Ministry</b> (active, positive influence on others for Christ)	_____
<b>Church Involvement</b> (relationship to local church)	_____
<b>Demonstrated Leadership</b> (concrete evidence to direct, guide, or influence people)	_____
<b>Leadership Potential</b> (has ability/skills necessary for development of leadership)	_____



### Accident Waiver and Release of Liability

This Accident Waiver and Release of Liability (the "Release") is executed by \_\_\_\_\_ (the "Participant") whose address is \_\_\_\_\_.

In consideration for the Participant being permitted to participate in CCOB's Mission Trip to \_\_\_\_\_, the undersigned does hereby release, waive, and forever discharge CCOB, its controlled entities, successors, affiliates, assigns, shareholders, members, managers, directors, officers, employees, agents or representatives (collectively, the "Company") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action or costs and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by Participant in conjunction with Participant's involvement in the Activity.

Participant has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Activity. Participant further attests and Participant's Parent/Guardian agrees that the Participant has individually assumed the risks involved with this Activity.

Participant understands and acknowledges that this Release is binding on Participant and Participant's family, estate, heirs, administrators, representatives and assigns. Participant further agrees to hold harmless, indemnify and defend the Company from any claim by Participant or Participant's family arising out of Participant's involvement in the Activity.

Participant and Participant's Parent/Guardian agree that the Company is granted permission to seek and obtain emergency medical treatment, if necessary, and that such action by the Company does not constitute any assumption of responsibility by the Company for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Participant certifies that she/he is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant is not aware of any health-related reasons or problems, which would preclude or restrict Participant's ability to take part in the Activity.

If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

<p><b>Participant's Signature:</b> _____</p> <p>Participant's Address: _____</p> <p>_____</p> <p><b>Emergency Contact:</b> _____</p> <p>Phone No. ( ) - _____</p> <p><b>Signature of Participant's Parent or Guardian:</b> (Required if Participant is a minor) _____</p>	<p>Date: _____</p> <p>_____</p> <p>Date: _____</p>
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## Calvary Chapel Old Bridge

### Confidential Medical Information Form

Please fill out this form completely and be sure to sign this application.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in case of illness/injury: Name: \_\_\_\_\_

Relationship to Missionary: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Medical Insurance: United States, name and policy # \_\_\_\_\_

Global Health Insurance, name and policy # \_\_\_\_\_

Please indicate below if you have, or have had at any time, any of the following symptoms or medical conditions:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| 1. Dizziness, loss of consciousness, recurring headaches or fainting   | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Eye, ear, nose, throat or sinus symptoms  | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Impairment of sight, hearing or speech  | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Chronic cough, coughing up blood, tuberculosis, or bronchitis   | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Low or high blood pressure  | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Sensitivities or allergies to any medications   | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Albumin, sugar or blood in urine, kidney stones   | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Muscle or joint problems, bursitis, sciatica  | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Knee, foot or leg injury/problems   | <input type="radio"/> Yes | <input type="radio"/> No |
| 10. Benign or malignant growth or tumor  | <input type="radio"/> Yes | <input type="radio"/> No |
| 11. Frequent abdominal cramps or diarrhea  | <input type="radio"/> Yes | <input type="radio"/> No |
| 12. Claustrophobia, Agoraphobia or Acrophobia  | <input type="radio"/> Yes | <input type="radio"/> No |
| 13. Motion sickness (car, plane, etc.)   | <input type="radio"/> Yes | <input type="radio"/> No |
| 14. Frequent infection of the throat, tonsils, sinuses or ears   | <input type="radio"/> Yes | <input type="radio"/> No |
| 15. History of diabetes, thyroid trouble or bleeding problems  | <input type="radio"/> Yes | <input type="radio"/> No |
| 16. Allergic reactions to bee stings, bites or foods   | <input type="radio"/> Yes | <input type="radio"/> No |
| 17. Continued use of alcohol, drugs, cigarettes or medication  | <input type="radio"/> Yes | <input type="radio"/> No |
| 18. Special dietary restrictions   | <input type="radio"/> Yes | <input type="radio"/> No |
| 19. Have you ever had surgery?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 20. Women: Do you have any abnormal menstrual problems, severe cramps, bleeding etc. which may hinder you while traveling? | <input type="radio"/> Yes | <input type="radio"/> No |

(continue on next page)



If you answered yes to any of the above questions, indicate below a brief history of condition, medications being taken, dates of illness and whether the problem is still active today.

Question # \_\_\_\_ Details: \_\_\_\_\_

Question # \_\_\_\_ Details: \_\_\_\_\_

Question # \_\_\_\_ Details: \_\_\_\_\_

If you have had any of the following illnesses, indicate the year of occurrence in the space provided.

Appendicitis \_\_\_\_\_ Arthritis \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Colitis \_\_\_\_\_

Cystitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Convulsions \_\_\_\_\_ Gall Bladder \_\_\_\_\_

Hay Fever \_\_\_\_\_ Heart Disease \_\_\_\_\_ Hepatitis \_\_\_\_\_ Jaundice \_\_\_\_\_ Malaria \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Pleurisy \_\_\_\_\_ Pneumonia \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Polio \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Typhoid Fever \_\_\_\_\_ Ulcers \_\_\_\_\_

Venereal Disease \_\_\_\_\_

Please list any injuries, illness or disabilities not listed above. List date and problem.

Date: \_\_\_\_\_ Problem: \_\_\_\_\_

Date: \_\_\_\_\_ Problem: \_\_\_\_\_

Date: \_\_\_\_\_ Problem: \_\_\_\_\_

How would you evaluate your own health?  Excellent  Good  Fair  Poor

Date of last Tetanus immunization or booster: \_\_\_\_\_

Date of last Polio immunization or booster: \_\_\_\_\_

Date of Measles/Mumps/Rubella immunization or booster: \_\_\_\_\_

Date of last chest X-Ray or TB Tine test: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Date of your last dental exam: \_\_\_\_\_

Do you have any behavioral problems or habits that we should be aware of? \_\_\_\_\_

I, the undersigned, state that all of the above information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Pre-Trip Training**  
**Please read and sign below**

I understand that in order to participate in a BTW Short Term Missions Trip I must have all Missions Pre-Trip meetings. I understand that a failure to comply with the requirements may result in my disqualification to participate in the Short Term Missions trip. I understand that I must complete all assignments and work given.

I understand that by signing this document that I must submit a **non-refundable deposit** to cover the airfare expenses (subject to the airline requirements). In the event I must cancel, the ticket will remain in my name and will be usable for a personal trip as per the guidelines and requirements of the airline.

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Signature of Applicant



## BACKGROUND CHECK AND CONSENT RELEASE FORM

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*In order to screen applicants who desire to serve in ministry at Calvary Chapel Old Bridge, all prospective servants are required to complete the following information. All information will be submitted to Criminal Information Services, Inc. for screening. **All information will be kept strictly confidential.***

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*Last Name*

*First Name*

*M.I.*

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*Home Address*

---

*City*

*State*

*ZIP Code*

---

*Date of Birth (MM/DD/YYYY)*

---

*Social Security #*

---

*Driver's License #*

*State Issued*

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*Home Phone*

*Work Phone*

*I, \_\_\_\_\_, am an applicant for a position serving in ministry at Calvary Chapel Old Bridge. As such, I hereby consent to the aforementioned criminal background check. I hereby release and hold harmless from liability all persons, organizations and other entities, which provide references or information to Calvary Chapel with regard to my background or me. I hereby release and hold harmless from liability Calvary Chapel Old Bridge, and its clergy, staff, employees and volunteers, with regard to any decision that it makes on my application.*

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*Signature*

*Date*



## Sample Support Letter

Your name  
Address  
City, State & Zip Code

Date

Supporter's name  
Address  
City, State & Zip Code

Dear \_\_\_\_\_,

### Paragraph #1

How has God been working in our life? What ministries are you currently working on right now? Scripture verses that are meaningful to you.

### Paragraph #2

Where you went. What you did. How you felt. What spoke to you most? How God spoke to you.

### Paragraph #3

Thank supporters for the donation, prayer, and any other support. If this letter is written prior to a Missions trip, please have support sent to:

Calvary Chapel Old Bridge  
123 White Oak Lane  
Old Bridge, NJ 08857

Please note that the donations are tax-deductible if the person's name is not mentioned on the check. You may however write the name of the mission on the check, and on a separate letter write the specific person's name that the donation is to go to and the donation will go to that person and you will be able to receive the tax deduction.

### Closing

ENCOURAGEMENT:

Thank all for supporting you in the ways they have supported you.

Sincerely,

Your Name

Please have Pastor Raul review your support letters before they are sent. If you have any questions or would like some assistance with this letter, please contact Pastor Raul at 732-479-0592