



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 print legibly)

Please list the mission trip you are applying for _____

Last Name _____ First Name _____

Your Address _____ City _____

State _____ Zip _____ Phone (H) _____ (C) _____

Date of Birth _____ Sex _____ Marital Status _____

Passport number _____ Exp. Date _____

Emergency Contact Name _____ Phone _____

Education History

High School/Secondary or equivalent from which you graduated or will graduate:

Name _____ Location _____

Year of Graduation _____

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

Name _____ Location _____

Year of Grad. _____ Degree _____

Name _____ Location _____

Year of Grad. _____ Degree _____

*If applying for medical missions, please list specialties _____

Do you speak a language other than English? Yes _____ No _____

If yes, what language(s)? _____



Personal Testimony

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 _____

If married, how does your spouse feel about your decision to go on a missions trip?

Is this your first missions trip? yes no

If no, please list previous trips and dates: _____

Where do you currently attend church? _____

How long have you been a committed part of the body? _____

Where did you fellowship before? _____

In what way, if any, are you serving? _____

Do you attend a 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: _____

Do you have any cross-cultural experience aboard? Briefly describe: _____

Briefly explain why you want to come on this trip _____



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

1. Briefly describe your family life background.
2. Please give a one page (roughly) personal testimony: your life before Christ, how you became a Christian. And your life with Christ now.
3. Briefly describe in what capacity you currently serve and if not, why?
4. Are you willing to submit to the established leadership of the trip?
5. What does leadership mean to you?
6. What persons and/or books, magazines have influenced you most in your walk w/ Christ?
7. Briefly describe how the Lord spoke to you on any previous trips you participated in.
8. How would you describe your relationships/interaction with others?
9. 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.
10. Do you have any worries or concerns regarding this trip?



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).

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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).

Signature of agreement

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 attend 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, if any.

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.

Signature of agreement

Date



Pastoral Recommendation

(If you are attending another fellowship, please have your Pastor fill out this portion and mail or fax it.)

Name of Applicant: _____

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

Pastor's Signature

Date

Please mail form to: Calvary Chapel Old Bridge, 123 White Oak Lane, Old Bridge, NJ, 08857
Attention: Pastor Dave Margaretta



Confidential Medical Information Form

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

Name: Last: _____ First: _____ Middle: _____

Sex: _____ Age: _____ Birth date: _____ E-Mail: _____

Phone: (H) _____ (W) _____

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. Impairment of sight, hearing or speech | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Sensitivities or allergies to any medications | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Motion sickness (car, plane, etc.) | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. History of diabetes, thyroid trouble or bleeding problems | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Allergic reactions to bee stings, bites or foods | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Continued use of alcohol, drugs, cigarettes or medication | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Special dietary restrictions | <input type="radio"/> Yes | <input type="radio"/> No |

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: _____

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Please list any injuries, illness or disabilities that might impact your ability to participate fully in any aspect of this missions trip:

Date: _____ Problem: _____

Date: _____ Problem: _____

Date: _____ Problem: _____

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

Date of last Tetanus immunization or booster: _____

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: _____



BACKGROUND CHECK AND CONSENT RELEASE FORM

*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.***

Last Name

First Name

M.I.

Home Address

City

State

ZIP Code

Date of Birth (MM/DD/YYYY)

Social Security #

Driver's License #

State Issued

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.

Signature

Date