

Creekside Christian Church
MISSION TRIP PARTICIPANT APPLICATION FORM

For Mission Trip to: **Ukraine 2018 (June 20 - July 3, 2018)**

Please complete and return your application and your deposit of \$100.
Application deadline is February 11, 2018.

Make check payable to: **Creekside Christian Church**

Mail to: Attn: Mission Department, Creekside Christian Church, 8939 E Stockton Blvd, Elk Grove, CA
95624

Please Note: this application is used for a broad range of international and local short-term mission trips.
Some questions will be more relevant than others to your particular mission trip.

[please print]

1. Name _____ Sex _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Date of Birth ____/____/____
I am currently: a student employed unemployed
At what church are you a member? _____
Address of church _____
Phone of church _____

2. References

▪ **School or employer**

Name _____ Phone _____
Address _____

▪ **Church**

Pastor's Name _____ Phone _____
Address _____

Person at church who knows you best, other than family

Name _____ Phone _____
Address _____

3. Personal / Spiritual

Briefly describe your ministry experience inside and outside your local church. Include how you have served through evangelism/discipleship and any experience you have serving cross-culturally.

What stimulated your interest in this project?

What excites you about the possibility of being part of this team?

What could you contribute to the team?

What do you hope to gain from involvement with this team?

If any, what fears do you have about being part of this team?

If any, what areas of limitation would you need to manage carefully to be an effective team member?

How do your immediate family members feel about the possibility of you going on this mission trip?

How do you handle meeting new people?

How do you feel about living with different people in uncomfortable living conditions?

What exposure have you had to non-American cultures? Which cultures? What has been your response?

How do you feel about eating foods from your destination culture?

What languages other than English do you speak?

Please describe your personal relationship with God.

How do you feel about worshipping God in forms other than those used at FBCEG?

What support does the Bible give for going on a short-term mission?

If any, what are the key questions you need answered about this trip?

Signature _____ Date _____

Medical Form
Short-Term Mission Trip
Creekside Christian Church, 8939 E Stockton Blvd, Elk Grove, CA 95624 (916) 685-4821

Name _____ Birthdate _____
Address _____
City _____ Zip _____ Phone (____) _____
In emergency, notify _____ Relationship _____
Address _____ Phone (____) _____
Doctor _____ Phone (____) _____

HEALTH HISTORY

ALLERGIES (insects, medications, food, etc.):

CHRONIC CONDITIONS (Epilepsy, Diabetes, Asthma, Heart Conditions, Sleep Disorders, Depression, etc.):

PHYSICAL LIMITATIONS (such as problem walking distances, etc):

If you have any health issues please give details (include normal treatment instructions):

RESTRICTIONS

Any athletic restrictions? Yes _____ No _____ if yes, what? _____

INSURANCE

Part of our team expense is traveler's insurance, but it is only minimal coverage. If you have medical insurance, your carrier will be billed for any medical charges in the case of illness or injury not covered by the traveler's insurance. Do you have health insurance? Yes _____ No _____

Place of employment _____

Insurance Company _____ Policy # _____

Address _____

Signature _____ Date _____