



Country of Interest _____ Trip dates _____

What is your first language _____

What other languages do you speak? _____

Name: _____ male / female
as it appears on your passport Last name first middle (circle one)

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Age: _____ single/ married/ divorced/ separated/ widow
(circle one)

Birthplace: City/State _____ Citizenship: _____

Social Security Number: _____ Passport Number: _____

Passport Issue date & expiration date: _____ / _____

Place of Employment: _____

Address/Phone _____

School/ College: _____

Church Currently Attending: _____ Pastor: _____

Church Address/Phone _____

How long have you been at this church? _____ When were you saved/born-again? _____

First Time Missions Applicant? Yes / No (circle one)

List any past mission/ministry experience: _____

Why do you want to go on this mission trip? _____

**Declare His glory among the heathen; His marvelous works among all nations.
1 Chronicles 16:24 KJV**



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Do you have Health Insurance? Yes No

Insurance Provider: _____

Group # _____ Member # _____

Are you allergic to any medications? Yes No **If yes**, list them: _____

List any allergies you have: _____

List all prescription drugs and over the counter medications you are currently taking: _____

List all past and present medical conditions that we may need to know about: _____

IN CASE OF EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

I give permission for Calvary Chapel Downey Missions Dept. to give the leader of my team a copy of this page of my application for short-term missions. It will be used only for the purpose of this missions trip and for my own safety and care.

Signature: _____

Waiver

In being accepted to participate in a short-term mission trip and activities associated with its program/location, I assume responsibility for my actions. I release CALVARY CHAPEL DOWNEY; it's trustees, employees, missionaries, and agents from liability, loss, injury or damage to myself or my property. Nothing contained herein shall excuse CALVARY CHAPEL DOWNEY, it's trustees, employees, missionaries, and agents or sponsors of this activity from responsibility to act with reasonable care for the safety of myself or my property. I hereby release CALVARY CHAPEL DOWNEY; it's staff, sponsors, it's trustees, employees, missionaries, and agents from responsibility and liability for any injury or illness that I may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent of myself, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, treatment including surgery, and hospital care for me if needed, and if advised and supervised by a licensed physician, surgeon or dentist.

**Declare His glory among the heathen; His marvelous works among all nations.
1 Chronicles 16:24 KJV**



Print Full Name of Applicant: _____

Applicant's signature: _____

**Declare His glory among the heathen; His marvelous works among all nations.
*1 Chronicles 16:24 KJV***