



# Crosslink Community Church

1030 Mebane Oaks Rd, Mebane,

NC 27302

(919) 304-0600

## Short-term Missions Application

Go to [www.crosslinkcares.org](http://www.crosslinkcares.org) for a complete list of the current mission trips, dates and costs.

### Current Trips

Current Trips:

Haiti: April 2-7, 2018 OR May 17-24, 2018, approx. cost \$1,100 - \$1,400

If your trip is other than Haiti please write in your destination and date.

**Destination:** \_\_\_\_\_ **Date of Trip:** \_\_\_\_\_

### Disclaimer

#### Please Note:

- Completion of this application does not guarantee a place on the mission Trip. The Crosslink Mission's Team will review all applications.
- Applications are only accepted with a trip deposit of \$100 attached to this application. Your deposit is non-refundable and will be applied to your total trip cost. Your deposit will be returned if your application is not accepted.
- Each mission trip has a limited team size. Please submit your application as early as possible.
- You are responsible for the balance of the trip cost to be paid before departure.
- If you are not able to go on the mission trip for any reason, the donations for your trip cannot be refunded.

### Personal Information

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What is your date of birth? \_\_\_\_\_

Do you have any certifications, license or training in an area that could be used on the mission trip, nurse, mechanic, etc.? \_\_\_\_\_

Is this your first mission trip?    Yes    No

**Ministry Information**

*If you need additional space use the back of the paper.*

How long have you attended Crosslink: \_\_\_\_\_

If you do not attend Crosslink where do you attend church? \_\_\_\_\_

What other ministries or areas of service are you involved in? \_\_\_\_\_

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Briefly describe how you came to know Jesus Christ: \_\_\_\_\_

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Briefly explain the Gospel of Jesus Christ: \_\_\_\_\_

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What are you doing to grow your relationship with Jesus Christ? \_\_\_\_\_

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What are you doing at home to be a missionary? \_\_\_\_\_

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## Health

My Health is: Excellent   Good   Fair   Poor

Please list any allergies you have: \_\_\_\_\_

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Do you have any special health requirements:   Yes   No

If yes, please explain: \_\_\_\_\_

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## International Trips Only

*Complete the information below if going outside of the United States.*

Have you traveled outside the US before?   Yes   No

Are you a US citizen?   Yes   No   If not, what is your nationality? \_\_\_\_\_

Name as it appears on your passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

If you do not have a passport you will need to apply for one. You should allow at least 12 weeks to get your passport to be safe. This is subject to change. Submit this application even if you do not have a passport and provide the information later.

*If you have a valid passport for this trip please attach a copy of your passport to this application. If you do not have a passport submit your application and provide the information later.*

## Signature

I certify that the statements in this application and attached forms are true and complete to the best of my knowledge.

Application Signature:

Print Name: \_\_\_\_\_   Signature: \_\_\_\_\_   Date: \_\_\_\_\_

Parent if applicate is a minor:

Print Name: \_\_\_\_\_   Signature: \_\_\_\_\_   Date: \_\_\_\_\_

Print Name: \_\_\_\_\_   Signature: \_\_\_\_\_   Date: \_\_\_\_\_

# Crosslink Community Church

## Contact Information/Medical Permission and Release Form

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Crosslink Community Church, all of its officers, directors, and coordinators, all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity. If Crosslink Community Church staff members, chaperones, or any other Crosslink Community Church leaders cannot reach my emergency contact, then I authorize Crosslink Community Church to secure any medical treatment necessary for me by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

(If less than 18 years old) Parent's Name: \_\_\_\_\_

Parent Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**In case of an emergency, please notify:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Secondary emergency contact:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Insurance Information (Health Insurance is required on all Mission Trips. Travel insurance will be obtained if you do not have health insurance)**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_

# Parental Consent Form

## Travel Agreement

I, \_\_\_\_\_ understand that my child,  
Parent's Name

\_\_\_\_\_ will be traveling to  
Child's Name

\_\_\_\_\_ on \_\_\_\_\_

with \_\_\_\_\_  
Adult Leader(s)

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Additional Information

**Age?** Students must be in at least High School unless accompanied by a parent/legal guardian. The minimum age requirement may vary based on the trip.

**You will need a US Passport (if traveling outside the US)**

Approximate Cost:

Adult Passport book: \$135

Adult Renewal: \$110

Student [under 16]: \$105

How long? 6-12 weeks

Students under 16? Require both parents consent

**Additional Cost**

- Food in airports or on the trip
- (Haiti) -- Food for lunch in Haiti [pack in suitcase with your checked baggage]
- Souvenirs

**How will I pay for this trip?**

- Support letters [Family, friends, etc.]
- Facebook
- Work odd jobs
- Possible fundraiser? [To be explained]

**Expectations:**

- You must turn in your application with a deposit to be considered for the trip.
- You are responsible for the balance of your trip to be paid before departure.
- Obtain a US Passport, if traveling outside the US.
- Attend training meetings.
- Complete monthly reading assignment.