



Name: _____

Application for Missions Opportunities

Name: _____

Do you have a current passport? Yes No

Name as it appears on your passport / birth certificate:

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mobile phone: _____

Email: _____

Website/BLOG: _____

Date of birth: _____ Age: _____

Marital status: Married Single

Sex: Male Female

Children (if attending with you on this outreach)

Age

Church that you regularly attend: _____

Church phone number: _____

Pastor's name: _____

How long have you attended this church? _____

Do you support the leadership of your church? _____



Name: _____

Why are you interested in going on a missions trip?

Have you ever been on a missions trip before? If so, when, where & with what organization?

Briefly describe your testimony of how you became a Christian:

What talents, skills, abilities, education, etc. do you have that would be beneficial on a missions trip (be specific; examples: speak a foreign language, preacher, construction, drama, singer, helper, etc.)?

Do you consider yourself to be flexible, a team player, teachable, and to have a positive mental attitude? _____

Applying for the following Calvary Commission outreach:

- | | |
|--|--|
| <input type="checkbox"/> Mexico Easter Outreach | <input type="checkbox"/> Romania Outreach |
| <input type="checkbox"/> Peru/South America Outreach | <input type="checkbox"/> Mexico Christmas Outreach |
| <input type="checkbox"/> Zambia Outreach | <input type="checkbox"/> Other (name): _____ |



Name: _____

Consent for Treatment and Liability Release Form

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

CONSENT FOR TREATMENT:

I hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician as deemed necessary on the above named person.

Applicant's signature: _____ Date: _____

LIABILITY RELEASE:

I hereby release Calvary Commission, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury damage, or loss which may be sustained by said person during the course of involvement with Calvary Commission, Inc.

Applicant's signature: _____ Date: _____

UNDERSTANDING:

I have completed all portions of this application and if accepted, I will abide by the spirit, rules and schedule of the program.

I also understand that if any of the information I have given is found to be false, it will be grounds for my immediate dismissal from the missions outreach.

Applicant's signature: _____ Date: _____



Name: _____

Code of Ethics

CONDUCT CODE

Conduct must always be of an exemplary nature, exhibiting courteous and polite behavior. Absolutely no drinking, taking of drugs, smoking or loud abusive language will be permitted.

DRESS CODE

Dress should be neat and clean in a manner that befits a Christian bringing glory to the Lord. No body piercing will be permitted for males.

RELATIONSHIP CODE

Relationships between all team members must be maintained in an exemplary Christian manner. Absolutely no dating or pairing off will be allowed.

Failure to conform to the above CODE OF ETHICS will result in being asked to leave without refund. Remember, the primary purpose of this outreach is that you would learn more about the character and burden of God, and that you would be a vital part in reaching people for Christ.

I UNDERSTAND AND AM WILLING TO ABIDE BY THE CODE OF ETHICS WHILE I AM A PART OF THIS MISSIONS OUTREACH.

Applicant's signature: _____ Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mobile Phone: _____

Work phone: _____ Alternate phone: _____

Email: _____