

## **Short-Term Missions Application Instructions**

1. Complete all 7 pages (D-2 through D-8) of the application.
2. Sign the application. If under 18, have a parent or legal guardian also sign it.
3. Read the Contract carefully. Sign one copy to be turned in with the application. The other copy is for you to keep as a reminder of the commitment you have made.
4. Attach current photo to the completed application.
5. Attach copy of current passport valid through duration of mission trip.
6. Submit the completed application with current photo, passport copy, and the signed contract to the Missions Department.
7. You have 2 Missions Reference forms (pages D-9 and D-10) that need to be filled out and returned to the Missions Department.
  1. One by a personal friend or family member
  2. One by your employer, pastor or ministry leader

These forms are confidential, and are to be returned to us by the person filling them out. We recommend that when you submit the form to one of the above people, that you also provide a stamped envelope, pre-addressed to the church, to make returning it easier for them.

8. If you do not have a valid passport, file for one NOW. Even if you don't go on a mission trip, it is a good idea to already have a passport. You never know when you may need it.

**Declare His glory among the heathen; His marvelous works among all nations.**

*1 Chronicles 16:24 KJV*



# MISSIONS

CALVARY CHAPEL ANTELOPE VALLEY



**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: \_\_\_\_\_ Grade Level \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or put on probation by law for any reason? Yes / No (circle one)

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

\_\_\_\_\_

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



Do you have Health Insurance?  Yes  No

Insurance Provider: \_\_\_\_\_

Group # \_\_\_\_\_ Member # \_\_\_\_\_

Blood Type: \_\_\_\_\_

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 Antelope Valley 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 ANTELOPE VALLEY; 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 ANTELOPE VALLEY, 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 ANTELOPE VALLEY; 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.

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**

Please answer the following questions and turn in with this application.

1. Briefly describe your conversion experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your present relationship with Jesus: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your present church involvement? How often do you go? Are you active in any ministries or Bible Studies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your experience and attitude toward:  
A. Roman Catholics? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Muslims? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Pentecostals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What Hobbies, abilities, talents and skills do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What do you see as your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What do you see as your weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What spiritual gifts do you believe you have been given?  
Look up Romans 12:6-8, I Corinthians 12:4-11 & 12:27-31, Ephesians 4:11-13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What fruit of the spirit do you see in your life? What fruit of the spirit do you feel you lack?  
See Galatians 5:22-26. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions **providing scriptural references**:

10. Do you believe that Jesus is God? Why is this important? \_\_\_\_\_

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11. Do you believe you must be baptized with water to be saved? Why? \_\_\_\_\_

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12. Do you believe the baptism of the Holy Spirit and His gifts are available for believers today? Why? \_\_\_\_\_

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13. Do you believe God allows sickness and trials in believer's lives? Why? \_\_\_\_\_

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14. Do you believe once you are saved that you are always saved, regardless of how you live? Why? \_\_\_\_\_

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15. When do you believe the rapture of the Church will take place:  
Pre-Tribulation [ ] Mid-Tribulation [ ] Post-Tribulation [ ] and why?

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**CALVARY CHAPEL ANTELOPE VALLEY**  
**SHORT TERM MISSIONS**  
**CONTRACT**

- As part of this team, I realize that I will be expected to take an active role.
- I will make it a priority to attend all meetings and training and participate in all team activities.
- I realize that refusing to participate in scheduled meetings could be cause for my removal from the team or loss of church financial support.
- I will keep good communication with my team leader. It is my responsibility to let my team leader know, before an event, if I am unable to attend.
- I will respectfully submit to my team leader, realizing that God has appointed him/her to this position.
- I will cooperate in whatever duties or roles I am asked to perform by my team leader.
- If I personally have a conflict with my team leader or any other team member, I will go directly to that person to make things right. If we are unable to settle our conflict, the matter will then be brought to the team leader, then to the Missions Director.
- I will seek to promote team unity and respect for the leadership. I commit to not cause division among my team members.
- I will keep a good Christian witness at all times and in all places. I realize that failure to keep my Christian witness could be cause for my removal from the team.
- I agree to a "No Dating" policy while on this mission trip.
- I realize that as a team member, I am responsible for all of my trip and personal finances. I personally take responsibility for the funding of my trip.
- I will meet all financial deadlines set by my team leader. If my account is not at the required amount by the required dates, I will personally makeup the difference or drop from the team.
- If for any reason I drop from, or am removed from the team, all funds raised in my name will go to support the rest of the team.
- I have already applied for or already have a valid Passport.
- I do promise to support the policies and doctrines of Calvary Chapel.

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Signature

Date

(turn in with completed application)

**CALVARY CHAPEL ANTELOPE VALLEY**  
**SHORT TERM MISSIONS**  
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Signature

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Date

(keep for your own records)

# CALVARY CHAPEL ANTELOPE VALLEY MISSIONS REFERENCE

To be filled out by a personal friend or family member

This reference is for: \_\_\_\_\_ / \_\_\_\_\_  
Name of applicant Destination

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Today's date: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What strengths (fruits/gifts of the Spirit) do you see in the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What weaknesses do you see in the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check the most appropriate box below concerning this applicant's trait tendencies.**

<u>Character</u>	<u>Always</u>	<u>Often</u>	<u>Seldom</u>	<u>Never</u>
Loving/kind				
Responsible/dependable				
Respectful to authority				
Follows instructions				
Complains/murmurs				
Other-centered				
Regular church fellowship				
Servant's heart/humble				
Integrity/honesty				

4. Would you recommend this person to go on a mission trip? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you have any reservations/hesitation about the applicant serving on this mission trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any further comments? \_\_\_\_\_

\_\_\_\_\_

(All information will be kept confidential)  
 Please return completed form to:  
**Calvary Chapel Antelope Valley, 1833 West Ave J, Lancaster, CA 93536**  
 If you have any questions please call the church: 661-942-0404

# CALVARY CHAPEL ANTELOPE VALLEY MISSIONS REFERENCE

To be filled out by an employer, pastor or ministry leader

This reference is for: \_\_\_\_\_ / \_\_\_\_\_  
Name of applicant / Destination

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of employment or ministry: \_\_\_\_\_ Position: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ Today's date: \_\_\_\_\_

2. What strengths (fruits/gifts of the Spirit) do you see in the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What weaknesses do you see in the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check the most appropriate box below concerning this applicant's trait tendencies.**

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Other-centered				
Regular church fellowship				
Servant's heart/humble				
Integrity/honesty				

4. Would you recommend this person to go on a mission trip? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you have any reservations/hesitation about the applicant serving on this mission trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any further comments? \_\_\_\_\_

\_\_\_\_\_

(All information will be kept confidential)  
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 If you have any questions please call the church: 661-942-0404  
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