

Short Term Missionary Application

Calvary Chapel Oceanside
760-754-1234 ext.231
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Please answer all questions and return to the Missions Department.

PERSONAL INFORMATION

Please print legal name: _____ Date: _____

Last First Middle

Current Address: _____
Street Number

City State Zip

Phone Number: Home () _____ Work () _____ Cell () _____

Email: _____ Occupation: _____

Birth Date: _____ Age: _____ Birthplace: _____

Marital Status: _____ Spouse's Name: _____

Passport Number: _____ Issued From: _____ Expiration Date: _____

Drivers License Number _____ State: _____ Expiration Date: _____

Please attach a photocopy of your driver's license and passport to this application.

Name and address of person to be notified in case of accident or emergency:

Name: _____ Phone: _____

Address: _____
Street Number City State Zip

Relationship: _____

Indicate which Mission Trip you are interested in: _____ Date: _____

What are your goals for this mission trip: _____

HEALTH

What is your general health? _____

Do you have any physical conditions which may limit your ability to perform the ministry for which you have applied? _____ If yes, explain. _____

Are you presently under medication prescribed by a physician? _____ If so, what? _____

List any chronic disease, allergies or dietary restrictions you have. _____

Do you have any eating disorders? _____

If you have been under a doctor's care, do you now have a medical release for this trip? _____

EDUCATION

How many years of schooling have you completed? _____ Specific degree? _____

If you speak a foreign language, what is it? _____

List any special skills, abilities or musical talents. _____

TESTIMONY

When did you become a Christian? Month: _____ Year: _____

What is the name of your home church? _____

In what areas are you serving in your local body? _____

Minimum of six months ministry completion is required prior to participating on a short term mission trip.

Have you ever been on a mission trip? _____ If so, where and when? _____

What church or organization did you go with? _____

Briefly describe your conversion experience and present relationship with Jesus Christ.

Reference information. Please fill out each section completely. References cannot be relatives.

1. **Pastor** _____ Years Acquainted: _____

Church: _____

Address: _____

Email: _____ Phone () _____

2. **Mature Christian** _____ Years Acquainted: _____

Address: _____

Email: _____ Phone () _____

3. **Mature Christian** _____ Years Acquainted: _____

Address: _____

Email: _____ Phone () _____

I certify that all the above information is true and I have answered each question completely and honestly. I understand that on this ministry trip, I will be a representative of Calvary Chapel Oceanside and will therefore conduct myself as a mature believer.

I further state that I have carefully read and answered the questions above and understand its contents, and I voluntarily initial and sign this release as my own free act. I waive, hold harmless, and release any and all claims for damages which I, or my heirs or successors, may have against, Calvary Chapel Oceanside or any agent or employee of any of such organization, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment. Calvary Chapel Oceanside is a corporation and all risk are between the corporation and the applicant. No individual / person is responsible for the risks associated with travel to a foreign country. The applicant is aware of risks and assumes full responsibility for safety, health, welfare and financially. The applicant assumes all liability of dangers associated with traveling to a foreign country.

Initial: _____ Print Name: _____

Signature: _____ Date: _____

Code of Conduct

Because we are representing Jesus Christ at all times, we will set and maintain the highest standard of conduct according to 1 Timothy 4:12 which says, "Don't let anyone look down on you because you are young but set an example for the believers in speech, in life, in love, in faith and in purity."

Because I am aware of my witness I will guard my conduct

- (1) in my speech: No swearing or coarse language.
- (2) in my deeds: No purchasing or partaking of any kind of alcoholic beverages, any form of tobacco, or any kinds of drugs.
- (3) in my faith: No inappropriate or compromising behavior that would damage the reputation and testimony of the team, the leadership, the national church or the ministry of Calvary Chapel Oceanside.

Be imitators of God, therefore, as dearly loved children and live a life of love, just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God. But among you there must not be even a hint of sexual immorality, or of any kind of impurity, or of greed, because these are improper for God's holy people. Nor should there be obscenity, foolish talk or coarse joking, which are out of place, but rather thanksgiving. Eph 5:1-4

Here are some basic rules that apply to every ministry trip

Be fully aware of these rules and regulations so you can follow them. It does not matter what has happened on other Calvary Chapel Oceanside ministry trips; each trip is unique and different—even to the same place! Make an extra effort to be an example of Jesus Christ in every area of your life as you interact not just with the nationals, but also with your fellow team members.

Note: Any violation of these rules may result in immediate dismissal from the team and the trip. A direct flight home will be arranged, and will be at your own expense.

- A) No Inappropriate relationship with the opposite sex. Avoid all questionable situations being culturally sensitive. When staying at hotels or similar housing, stay out of the room of a member of the opposite sex. Avoid being alone with a member of the opposite sex.
- B) Show respect for your team leaders, the national church and leaders, and other team members. Show a Christ-like attitude by treating others the way you would like to be treated. Be forgiving, understanding and especially longsuffering. This ministry trip will be short; you do not have time to be inconsiderate or indifferent.
- C) Be accountable. Make sure your leaders and team members know where you are at all times. Be on time or early to all appointments.
- D) Maintain and keep your witness at all times. Remember we are representing Jesus Christ.

I understand the rules and regulations set forth by Calvary Chapel Oceanside in this Code of Conduct regarding my behavior on this mission trip. I will do my utmost to willingly and joyfully abide by this Code of Conduct, maintaining the highest standard and positive witness. I understand the possible consequences set forth of immediate dismissal from the team and the ministry trip at my own expense for direct return home. I understand that on this ministry trip I will be a representative of Calvary Chapel Oceanside and will therefore conduct myself as a mature believer.

Initial: _____ Print Name: _____

Signature: _____ Date: _____

Assumption of Risk

I _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with this Calvary Chapel Oceanside ministry trip represent and agree that:

I am a volunteer worker and acknowledge that I am not an employee of Calvary Chapel Oceanside.

I am aware of the hazards and risks to my person and property associated with serving in a mission's capacity, such hazards and risks including, but not being limited to: death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence or terrorism. Specifically, I voluntarily assume any and all risks that I may be detained and/or incarcerated by the authorities of the country or countries where I travel while engaged in my volunteer duties on behalf of Calvary Chapel Oceanside. I understand that it is the policy of Calvary Chapel Oceanside that in cases of kidnapping, hostage-taking or other extortion, no ransom concession that is reasonably likely to cause or contribute to the probability that future similar events will occur shall be paid or made.

I attest and certify that I have no medical conditions that would prevent me from performing my duties.

In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents and I voluntarily initial and sign this release as my own free act.

Signatures

Initial: _____ Print Name: _____

Signature: _____ Date: _____

Initial (spouse): _____ Print Name (spouse): _____

Signature (spouse): _____ Date: _____

Full Address: _____

Important: Please have 2 witnesses observe your signature(s), and have them sign below. They must be at least 18, and should not be relatives.

Initial: _____ Print Name: _____

Signature: _____ Date: _____

Full Address: _____

Initial: _____ Print Name: _____

Signature: _____ Date: _____

Full Address: _____

Permission to Treat

In the event that I become incapacitated and am unable to order medical treatment on my own behalf, I authorize _____ or other trip participants to authorize and consent to an X-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care to be rendered to me under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under detrimental to my health and well-being.

The undersigned warrants that he/she has fully read and understands this **Permission to Treat** agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

Dated: _____

Name: _____

Please Print Traveler's Name

Travelers Signature

Passport Number: _____

Please include a copy of the first page of your passport with this packet.