

**SECTION ONE: TO BE FILLED OUT AND RETURNED TO Pastor Ron or the CHURCH OFFICE
(SAVE SECTION 2: TO BE FILLED OUT UPON ACCEPTANCE)**

Thank you for your interest in missions, the following information will help us better plan our upcoming trip.

Please write in trip of interest and anticipated dates: _____

PERSONAL INFORMATION

NAME: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # HOME: _____ WORK _____

CELL _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

CITIZENSHIP _____ DO YOU HAVE A PASSPORT? _____ (REQUIRED FOR ALL INTERNATIONAL TRAVEL)

IF YES- PASSPORT # _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON PASSPORT (IF YOU DO NOT HAVE A PASSPORT APPLY NOW!) _____

MARITAL STATUS: () SINGLE () MARRIED () ENGAGED () WIDOWED () OTHER _____

IF MARRIED – SPOUSE’S NAME: _____

FAMILY TRIPS ONLY > NAMES AND AGES OF CHILDREN IF PARTICIPATING (INCLUDE THEIR PASSPORT #'S):

IF UNDER 18, WRITTEN CONSENT IS REQUIRED TO BE INVOLVED IN THIS TRIP. DO YOU HAVE YOUR PARENT’S
CONSENT TO BE INVOLVED IN THIS TRIP ? : () YES () NO

PARENT’S/ GUARDIANS NAME(S) _____

MINISTRY INVOLVEMENT

DO YOU ATTEND CROSS OF GLORY CHURCH REGULARLY? () YES () NO

DO YOU ATTEND ANOTHER CHURCH REGULARLY? () YES () NO

IF YES – NAME OF CHURCH: _____

WHAT MINISTRIES ARE YOU PRESENTLY INVOLVED IN:

DO YOU SERVE IN A LEADERSHIP POSITION IN ANY OF THESE MINISTRIES? () YES () NO

IF YES—IN WHICH AREAS: _____

HAVE YOU EVER TAKEN A SPIRITUAL GIFT TEST: () YES () NO IF YES WHAT DID THE GIFT TEST SUGGEST YOUR TOP
3 GIFTS ARE?

HAVE YOU HAD TRAINING IN PERSONAL EVANGELISM? () YES () NO PLEASE EXPLAIN: _____

HAVE YOU EVER PARTICIPATED IN SHORT TERM MISSIONS? () YES () NO IF YES PLEASE GIVE brief DETAILS:

MINISTRY INFORMATION

PLEASE INDICATE THE ACTIVITIES THAT YOU ARE ABLE TO DO:

Media; Teaching; Tech Skills; Group Activities; Music & Drama

Journalism VBS Cook Group Games Lead Singing Photography/Video Sunday School Carpentry Puppets
 Sing PowerPoint Group Devotions Electrical Drama Clowning Computer Skills Preach Plumbing Public
Speaking Skits Paint Lead Small Groups Mime Electronics Automotive

Other Gifted Ability: _____

I play the following Instrument(s): _____

PERSONAL TESTIMONY

IN THE SPACE provided, PLEASE BRIEFLY SHARE YOUR PERSONAL TESTIMONY: _____

WHY DO YOU FEEL CALLED TO PARTICIPATE ON THIS TRIP AND HOW DO YOU SEE YOURSELF PARTICIPATING/CONTRIBUTING?

Please include anything below that you would want our short-term mission's leader/pastor to know about you that is not included above:

Sign: _____ Date: _____

Call 952-935-3696 ext. 12 and ask for Pastor Ron if you have questions about the trip or about filling out this application. Thank You!

Return to: Cross of Glory Attn: Mission's Pastor
4600 Shady Oak Road
Hopkins, MN 55343

OFFICE ONLY: APPROVAL _____
COMMENTS/CONDITIONS: _____
SIGNATURE _____

2010 SECTION 2: TO BE COMPLETED BY PARTICIPANT OR GUARDIAN UPON ACCEPTANCE

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(Trip Leader is required to take copy of this section on the trip for reference)

NAME OF PARTICIPANT: _____

NAME OF EMERGENCY CONTACT: _____

BRIEFLY DESCRIBE ANY OF THE FOLLOWING WHICH APPLY TO YOU:

PHYSICAL DISABILITIES: _____

MEDICATIONS - LIST MEDICATIONS AND DOSAGE: _____

ALLERGIES: _____

SPECIAL DIETARY NEEDS: _____

IS PARTICIPANT UNDER THE CARE OF A PHYSICIAN? () YES () NO IF YES PLEASE EXPLAIN:

PLEASE LIST ANY PHYSICAL CHALLENGES PARTICIPANT MAY HAVE: _____

DATE OF LAST TETANUS SHOT: _____ (A current Tetanus is required. It must be within the last 10 years.)

PLEASE NOTE THAT OTHER VACCINATIONS MAY BE REQUIRED FOR A TRIP DEPENDING ON THE LOCATION.

MEDICAL INSURANCE DETAILS:

NAME OF POLICYHOLDER: _____

RELATIONSHIP TO PARTICIPANT _____ POLICY NUMBER _____

NAME OF INSURANCE COMPANY : _____

ACTIVITY INFORMATION to be completed by a trip leader of Cross of Glory Church

DESCRIPTION OF ACTIVITY/TRIP: _____

DATES AND LOCATION OF TRIP _____

SPECIAL NOTES _____

The following to be read and filled out by participant and parents/guardians if under 18 years of age.

PARTICIPANT'S AGREEMENT

By signing below, the participant or the authorized guardian of the participant acknowledges and agrees to the following:

That participation on this short term mission trip is on a volunteer basis

That I am receiving no financial compensation of any type for participating

I accept the risk of possible personal injury or illness that may be associated with participation on this mission trip.

I accept full financial responsibility for any injury or illness sustained during this mission trip.

That all expenses associated with my participation in this trip are my responsibility (even if there are fundraisers)

I understand certain expenses such as the cost of airline tickets are not refundable (in most cases) if I should cancel this application after those expenses have been incurred. Depending on trip air transportation may sole responsibility of participant.

I understand that all costs for this trip are to be submitted in accordance with the required schedule of due dates established for this trip and that my deposit is non-refundable unless the trip does not occur (it may be transferrable to another potential participant).

Signature Of Participant Date

If participant is less than 18 years of age, a parent or guardian must complete the following and sign below.

I _____ (print your name) give my consent for _____ (name of participant) to participate on this trip with Cross of Glory Church.

Signature of parent or guardian: _____

Relationship to Participant: _____ Date _____

Full Name of Participant: _____

Trip Name: _____ Trip dates inclusive: _____

Liability Waiver and Release

(Notarization of this form is required)

In consideration of being allowed to participate in the trip sponsored by Cross of Glory Church, and in consideration of the benefits to be derived there from, I hereby release Cross of Glory Church, and its partners and/or agents and their present and former Elders, staff, officers, directors, members, employees, agents and their administrators, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through a mutually acceptable mediation/arbitration process such as PeaceMaker Ministries. Web site is www.hispeace.org

PARTICIPANT RELEASE:

I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed and additionally agree to all conditions stated in the LIABILITY WAIVER & RELEASE.

Signature: _____ Date: _____

Relationship to Participant: _____

NOTARY:

Please notarize all copies separately. This application will not be complete unless notarized and participation may be declined.

State of:

County of:

Sworn to and subscribe to me this Day of

Signature my commission expires