

CFC Missions Application

Dear Missions Candidate:

We are pleased to consider you for participation on this upcoming trip. Please fill out this application and return it to the **CFC Missions Director** as soon as possible. This form will be available to your team leader, the CFC Missions Director, and to the CFC Pastors.

Return pages 1,2,&3 to **Return to:** ATTN: Missions Director CFC, PO Box 5, Madrid, NY 13660

Fill out the top of page 4 and have your Pastor fill out the bottom form

If you have questions, please call or email John Meyers, Missions Director (315) 265-8772 john@redglobal.com

Name _____ Name/Location of Missions trip _____

Your Age _____ Date of trip _____ Estimated cost of trip _____

Are you a CFC Member? Yes No Related to a CFC Member? No Yes, (relationship) _____

Describe in your own words what you hope to personally accomplish by going on this trip:

Affirmation of Team Participation

You will be traveling with a team and you will be expected to follow the instructions of the team leader and hosts while you are traveling. Please check "Yes" and initial the following statements. Give an explanation if you have special considerations that you want to communicate to the team leader/hosts prior to the trip.

1) **Team Mission and Vision:** I will fully carry out the mission of the team to my best ability and according to the direction of the team leader and hosts. Yes _____ (initial)

Please identify any specific comments/conditions on the lines below:

2) **Preparation and Involvement:** I will prepare myself as directed by my team leader/hosts to share my faith with others and to involve myself in sharing with others in every way I am able and to the best of my ability. Yes _____ (initial)

Please identify any specific comments/conditions on the lines below:

3) **Food and Accommodations:** I will accept whatever food and accommodations are provided according to the direction of the team leader and hosts in order to carry out our overall team mission. Yes _____ (initial)

Please identify any specific comments/conditions on the lines below:

4) **Behavior, Dress, and Witness:** I will conduct myself in a manner that will promote the success of the team mission and vision. I will not conduct myself in a manner that will hinder the success of the team mission and vision. I will be willing to accept direction from the team leader/hosts in matters of appropriate conduct, appropriate dress, appropriate use of time, appropriate language. Yes _____ (initial)

Please identify any specific comments/conditions on the lines below:

I have read, understand and affirm the CFC Missions Affirmation of Team Participation.

Your signature: _____

Parent's signature _____
(if applicant is under age 18)

* * * * *

Statement of Financial Integrity

Mission trips sponsored by CFC are usually financed in part by the tithes of members at CFC. Therefore, we have a responsibility on behalf of the members to insure that applicants for the mission trips meet their personal financial obligation before, during and after the trip. Simply put: we do not want to send you on a trip if you are not paying your bills.

What amount or percentage of the cost of the trip are you able to provide personally? _____

What amount or percentage of the cost of the trip are you seeking to raise support for? _____

Will you incur a loss of pay during the time you are serving on this trip? Yes No N/A

Are you currently behind in paying any of your bills? Yes No N/A

Do you owe money to anyone who would like immediate payment? Yes No N/A

Will you owe money to anyone as a result of this trip? Yes No N/A

Have you made all loan, rent, mortgage and utility payments on time and in full during each of the past 12 months? Yes No N/A

Your signature: _____

Parent's signature _____
(if applicant is under age 18)

CFC Missions Candidate Information

Name: _____

Phone: _____

Missions Trip to: _____

Date of Trip: _____

Address: _____

Cell Phone: _____

email: _____

Person to contact in case of emergency:

Name: _____

Phone: _____

Relationship to person: _____

Other contact info: _____

Do you have a valid passport?

Yes No

Do you have any food allergies or dietary needs?

Yes No (if yes, please specify)

Are you currently taking medication that you will need to bring with you on the missions trip?

Yes No

Do you have any medical need that you need to communicate to your team leader before you leave?

Yes No (if yes, please specify)

CFC Missions Application Pastoral Reference Form

Team Applicant please fill out this section

Name _____ Name/Location of Missions trip _____

Your Address _____ Date of trip _____

Please have your pastor fill out this form.

The team leader and missions director will see this part after it is completed.

Return to: ATTN: Missions Director, CFC, PO Box 5, Madrid, NY 13660

Do you recommend this person for this trip at this time? Recommend without reservation

Recommend with reservations Do not recommend at this time for this particular trip

Comments:

Signed:

Phone/Contact:
