

For office use only.

A / U

T/R: _____



CROSSROADS GLOBAL OUTREACH

G.O. Experience Team Application

Attach Recent Photo In Space Provided

1st Trip Choice: _____

2nd Trip Choice: _____

Name _____
First Middle Last

Full Legal Name _____
(As seen it is/will be seen on your current passport) First Middle Last

Mailing Address: Street _____
City, State, Zip _____

Phone Numbers: hm _____ wk _____ cell/pgr _____

E-mail: _____

Date of Birth: _____ Will you be 18 or over on date of departure? Yes ___ No ___

Citizenship: _____ Gender: _____ Height: _____ Marital Status: _____

If You Speak Any Foreign Language, Please Indicate in the Box Below.

Language # of Years Conversational Fluency (Fluent, Fair, or Poor)

Language	# of Years	Conversational Fluency (Fluent, Fair, or Poor)

EDUCATION HISTORY

Year of High School Graduation: _____

Name of Institution	Major	Year(s)	Degree Attained

EMPLOYMENT HISTORY

Name of Employer	Job Title	Duties	Dates

Are there any medications or medical problems that your team leader should be aware of?

Have you ever been convicted of a misdemeanor or felony? _____

If yes, explain: _____

** For the following, please use additional paper, if necessary. **

PERSONAL RELATIONSHIP WITH JESUS CHRIST

When did you become a Christian? _____

Describe the point in your life when you accepted Christ as your personal Lord and Savior: _____

How long have you been attending CCC? _____ Have you been baptized? _____

Describe your personal relationship with Jesus Christ and habit for personal devotions: _____

List any ministry experience, skills, interests, or talents. Describe your ability and experience for each item you list. (teaching Bible school lessons, youth sponsor, worship, medical training, sports, etc)

Why are you interested in going on a short-term Experience Trip? _____

Have you gone on a previous trip? _____ If yes, which one(s)? _____

As a team member I will (initial the following):

- _____ Pray regularly for the project.
- _____ Attend worship regularly.
- _____ Attend all required training & debriefing meetings.
- _____ Raise all necessary funds prior to team departure.
- _____ Complete any other requirements assigned by the team leaders.
- _____ Communicate clearly with my loved ones that I will not be able to communicate regularly with them while away.

Name of CCC pastor or ministry that knows you best: _____

EMERGENCY CONTACTS In case of emergency, please notify:

A. Name/Relationship _____
Address: _____
City _____ State _____ Zip _____
Home Phone(____) _____ Work Phone(____) _____
E-Mail: _____

B. Name/Relationship _____
Address: _____
City _____ State _____ Zip _____
Home Phone(____) _____ Work Phone(____) _____
E-Mail: _____

PASSPORT INFORMATION

____ Yes, I have a passport valid through: _____ (Expiration Date)

Passport Number _____

Your passport must be valid until a minimum of 6 months *after* your trip.

Please include 2 copies of the "picture page" of your passport to your application.

____ No, I do not have a current passport.

If you answered no, you need to:

- Obtain a legal copy of your birth certificate.
- Have 2 official passport pictures taken. 4 pictures are needed if you are going to a country that requires a visa.
- Turn in an official passport application at a passport office.

STATEMENT OF AGREEMENT

Directions if you are 21 years or younger: You need to have your mother, father, and/or legal guardian sign this Statement of Agreement section.

Directions if you are over 21 years old: You must have the loved ones you feel will be most concerned about you while you are away sign this Statement of Agreement.

We _____ and _____ are in agreement with our loved
(signers)

one's _____ decision to be apart of CCC's G.O. Experience Team to
(Team Member's Name)

_____ in _____. We understand the financial responsibility
(Country of Destination) (Year)

to pay for and raise money to be a part of this team and we understand that communication is extremely limited while they are away.

Signature: _____ Relationship: _____ Date: _____

Signature: _____ Relationship: _____ Date: _____

Please note that CCC is always available for any questions or comments. We want you to feel comfortable and apart of the Experience your loved one is on. Please don't hesitate to call anytime, 951.737.4664 ext. 3075.

MEDICAL/EMERGENCY INFORMATION

A. Doctor's name, specialty, city, and phone number: _____

B. Insurance (carrier, I.D. number, phone number): _____

C. Known allergies (medications, pollens, foods, others): _____

D. Describe reaction to any allergies: _____

E. Has your reaction ever required emergency room care? Please describe. _____

F. Any special food restrictions or dietary concern? (vegetarian, allergic to wheat, etc.)

G. Please list any prescription medications you are taking including the purpose of each and the dosage: _____

H. Are you under the care of a physician? _____

If yes, explain: _____

The undersigned wishes to participate in a Global Outreach Experience Team (herein the "Activity") sponsored by

Crossroads Christian Church

Crossroads Christian Church and the undersigned agree that the Activity poses risks including, but are not limited to, the following specific risks: sickness, crime, vehicle accidents, political instability, governmental opposition to mission activities, as well as similar and dissimilar risks (herein "Risks").

For and in consideration of Crossroads Christian Church assisting the participant in the Activity, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians, and next of kin (herein the "Releasers"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue Crossroads Christian Church and its members, staff, elders, officers or employees, (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasers, on account of injury to the undersigned or death of the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Activity, whether for injury or illness, and whether required as a result of the undersigned's participation in the Activity or not. The undersigned accepts the complete responsibility for his/her own health and well being in the Activity. To the knowledge of the undersigned, he/she does not have any limiting physical condition or disability that would preclude the undersigned's participation in the Activity. The undersigned acknowledges that he/she has adequate health. The undersigned further acknowledges Releasees are under no obligation to, and do not, provide medical and/or travelers insurance for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release 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.

CAUTION: READ BEFORE SIGNING

Executed at _____, _____ on _____, 20____.
(City) (State) (Date)

(Signature)

(Signature of parent/legal guardian)
(For Minors: under 18 years of age)

(Print Name)

(Print Name)

(Street)

(Street)

(City, State, Zip Code)

(City, State, Zip Code)

To Submit Your Application

1. Make sure you have attached a recent photo of yourself to the front page of your application.
2. Mail or Drop your application packet to: Crossroads Christian Church, ATTN: Global Outreach, 2331 Kellogg Ave., Corona, CA. 92881.
3. You will be contacted of your application status in the following weeks.

PLEASE SIGN

I _____ have read through and answered all questions to the best of my knowledge. I am aware of all Experience Team policies and responsibilities and am in agreement to accomplish each of them.

Signature: _____ Date: _____

Print Name: _____

Team Bios

(These will be sent to the host missionaries.
Please fill out and turn in with your application.)

Name: _____ Age: _____

Single: _____ Married: _____

Will your spouse be on the team as well? Yes No (Please circle one)

Education: ___ High School

___ College

Major: _____

___ Advanced Degree or Training

Subject: _____

Field of work: _____

Personal Interests: _____

Special Talents / Abilities: (i.e. sports, singing, teaching, art) _____

Ministry Involvement: _____

Family background (Please describe your up bringing. i.e. Parental situation, family life, amount of siblings & relationships with them, family's beliefs, etc.):

Reason for coming to _____ (fill in destination): _____