

COMMUNITY OF FAITH

2019 INTERNATIONAL MISSION TRIP CHECKLIST

- ☐ **Application**
- ☐ **Release/Hold Harmless Form (notarized)**
- ☐ **Background check authorization form**
- ☐ **Copy of Passport**
- ☐ **Deposit (\$500)**

Please place application, liability waiver, background check authorization form and a copy of your passport, along with your deposit (*NO STAPLES PLEASE!) and place in the Mission Applications box in the lobby (at the Missions Wall) or mail/bring to the COF Office at:

**16124 Becker Rd
Hockley, TX 77447
ATTN: Kristy Stark**

- The deposit can be paid by check, cash or credit card. (Please include a copy of your receipt.)
- All remaining payments must be made online or at the kiosk in the Lobby at COF, unless other arrangements have been made.
- Your \$500 deposit is NON-REFUNDABLE and will be applied to the cost of the trip.

****NOTE:** Please DO NOT submit any paperwork or payments towards your trip in the weekend offering/tithe collection, as those funds will not be applied to your trip account.

INTERNATIONAL MISSION TRIP APPLICATION 2019

Thank you for your interest in partnering with Community of Faith to share the love of Christ around the world! Please complete the entire form, and place it in an envelope along with your \$500 deposit (check, cash, or credit card receipt), passport copy, signed liability waiver and background check authorization form.

PREREQUISITES FOR TRAVEL:

1. Attend required trainings/meetings provided by COF Leadership
2. Valid Passport
3. Required Immunizations
4. Necessary VISA's, if applicable

PLEASE CHECK THE BOX OF THE INTERNATIONAL TRIP FOR WHICH YOU ARE APPLYING:

COSTA RICA-\$1400

☐ MARCH 11-17

COSTA RICA-\$1400

☐ JULY 10-16

MEXICO-\$1300

☐ MAY 2-7

NICARAGUA-\$1400

☐ AUGUST 1-7

BURUNDI-\$3800

☐ JUNE 7-20

INDIA-\$3300

☐ OCT 24-NOV 4

GENERAL INFORMATION (PLEASE PRINT CLEARLY)

☐ Male ☐ Female

Name as appears on Passport: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Work: _____

Email Address: _____

Date of Birth: Month _____ Day _____ Year _____ Country of Birth: _____

Nickname: _____ T-Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

FAMILY

Marital Status (please check one):

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If married, Spouse's Name: _____

Do you have children (at home)? ☐ Yes ☐ No Ages: _____

DOCUMENTATION

Do you have a valid passport? ☐ Yes ☐ No Issued by what country? _____

Passport # _____ Country of Citizenship _____

Passport Expiration: Day _____ Month _____ Year _____

If you do not have a passport, have you applied for one? ☐ Yes ☐ No

Places you have traveled outside the US in the past 5 years:

EMERGENCY INFORMATION

Do you currently have Major Medical Health Insurance? ☐ Yes ☐ No

In case of emergency, please notify _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

MY SPIRITUAL JOURNEY

CONNECTION

Are you a member of Community of Faith?
(Completed DNA class & signed agreement)

☐ Yes ☐ No

If no, what church do you attend?

GROWTH/LEADERSHIP

Are you involved with a Community Group? ☐ Yes ☐ No

Who is/are your Community Group Leader/Leaders? _____

Rate yourself in the following:

-Daily Quiet Time with God:	Never	Some	Often	Consistent
-Study of God's Word:	Never	Some	Often	Consistent
-Have served in local outreach:	Never	Some	Often	Consistent
-Have led others to Christ:	Never	Some	Often	Consistent
-Weekend Worship Attendance	Never	Some	Often	Consistent

Describe the areas of your spiritual and personal growth this past year:

PLEASE GIVE A SUMMARY OF YOUR JOURNEY OF FAITH, I.E. STEPS LEADING UP TO A RELATIONSHIP WITH CHRIST, HOW YOU HAVE SEEN GOD GROW AND CHALLENGE YOU (USE SEPARATE PAGE IF NECESSARY):

MY MOTIVATION

What are the top 2-3 things you hope to see God do in and through you on a mission trip and explain why you want to participate?

MY SKILLS, EXPERIENCE, AND OCCUPATION

Current Employment: _____
Title or Role: _____

Please write the appropriate code next to the skills/talents/training you possess. Please note that all of these areas may not be offered on all trips. Codes: 1-Average, 2-Above Average, 3-Professional

___ Construction	___ Dentist	___ EMT	___ Photography	___ Physician
___ Videography	___ Masonry	___ Nursing	___ Journaling	___ Teacher
___ Electrical	___ Painting	___ Plumbing	___ Roofing	___ Finish Carpentry
___ Music-Instrument/Vocal	Other: _____			

Please list any other skills, talents, or Christian ministry experience that you feel may be helpful in the field, including any pertinent work experience, if any:

Please indicate any languages you speak other than English?

Spanish	Some - 1 - 2 - 3 - 4 - 5 - Fluent
French	Some - 1 - 2 - 3 - 4 - 5 - Fluent
Haitian Creole	Some - 1 - 2 - 3 - 4 - 5 - Fluent
_____	Some - 1 - 2 - 3 - 4 - 5 - Fluent

PERSONAL INFORMATION

What are the most significant events that have occurred in your life in the past two years?

If you are in a dating/engaged relationship, is the person applying to serve on the same trip? ☐Y ☐N

Have you been convicted of committing a crime within the last five years? ☐Y ☐N

MY HEALTH

How would you describe your present health? ☐Excellent ☐Good ☐Average ☐Poor

Please describe any major illness(es) or serious medical conditions that you have had in the last five years:

Are you currently under the care of a physician or taking any medications? ☐Yes ☐No

If yes, please explain: _____

Do you have any medical food restrictions? ☐Y ☐N

If yes, please specify: _____

Do you have any condition that would prevent you from carrying/handling your own luggage? ☐Y ☐N

If yes, please explain: _____

Please check if immunizations are current:

- ☐ Hepatitis A (series) 1 and 2
- ☐ Hepatitis B (series) 1,2 and 3
- ☐ Typhoid
- ☐ Tdap (Tetanus, Diphtheria, Pertussis)
- ☐ MMR (Mumps, Measles, Rubella)
- ☐ Yellow Fever (required for travel to Africa only)
- ☐ Meningitis
- ☐ Polio (as child or adult booster)

MY COMMITMENT

If selected to be a part of a Community of Faith International Team, I agree to the following:
(*Please initial in the space provided.)

- I am responsible for raising the necessary financial support. _____
- I will participate in all team training meetings (dates to be announced). _____
- I will pay 100% of the trip cost 30 days (60 days for Burundi and India) prior to my scheduled departure date. _____
- I understand that once airline tickets are purchased I am responsible for those costs. _____
- I understand that COF cannot provide scholarship funds to offset costs. _____
- I agree to provide my Passport and health/liability forms to the COF International Team Leadership to be scanned/copied. _____
- For safety, liability, and team experience purposes, I will submit to the authority of the team leader(s) and international host(s). _____
- I will conduct myself in a godly manner while serving Christ on the project, and refrain from any behavior, which may compromise my witness (i.e. offensive language, drug, alcohol or tobacco use, destructive attitudes, etc.) _____
- I understand that all care and consideration will be made in advance to secure my safety. I further understand that travel, especially outside the United States, comes with risks and unforeseen circumstances for which I will be completely responsible, holding harmless the leadership of and organization, Community of Faith. _____

I understand that failure to meet the above requirements stated above will forfeit my place on the team.

Applicant Signature: _____ Date: _____