

Leader Application

Instructions:

- Complete the application. Do not leave anything blank.
- Complete ALL reference forms and return them with your application packet by the designated deadline. You must provide two references.
- Return the application to the Christ Chapel youth offices.

Personal Information

What mission's trip are you applying for: (Circle one) Guatemala Woodbridge

Full Name (as on Birth Certificate/Passport)

Last _____ First _____ Middle _____

Passport Number _____ Expiration Date _____

Current Address (no P.O. Box) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Birth Date ____/____/____

Height _____ feet _____ inches Weight _____ pounds (do not leave blank)

(Circle one) Male Female T-shirt size: S M L XL XXL

Have you ever been convicted of or pleaded guilty to a crime? Yes No

If yes, explain (attach a separate sheet if necessary)

Church History and Prior Youth Work

1. Church name and address (include city and state) where you attend.

Church Name _____

Church Address (no P.O. Box) _____

City _____ State _____ Zip _____

Are you a member? Yes No

2. Church name(s), city, and state of church(s) you have attended regularly during the past 5 years:

3. List all previous church work involving youth (list each church's name and city/state), type of work performed, and dates. (Attach additional sheets, if necessary)

Leader Application (continued)

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates. (Attach additional sheets, if necessary)



I have honestly and accurately completed all parts of the Leader Application to the best of my ability.

Signature _____

Print Name _____

Date _____

Student Application

Instructions:

- Complete the application. Do not leave anything blank.
- Ask your parents to complete the parental consent form.
- Complete ALL reference forms and return them with your application packet by the designated deadline. You must provide two references.
- Return the application to the Christ Chapel youth offices.

Personal Information

What mission's trip are you applying for: (Circle one) Guatemala Woodbridge

Full Name (as on Birth Certificate/Passport)

Last _____ First _____ Middle _____

Passport Number _____ Expiration Date _____

Current Address (no P.O. Box) _____

City _____ State _____ Zip _____

Phone _____ Birth date _____ Age _____

Family Information

Father's Name (first & last) _____

Current Address (no P.O. Box) _____

City _____ State _____ Zip _____

Home phone _____ Work Phone _____

Mobile phone _____ Email _____

Mother's Name (first & last) _____

Current Address (no P.O. Box) _____

City _____ State _____ Zip _____

Home phone _____ Work Phone _____

Mobile phone _____ Email _____

Do you live with both parents: Yes No

If no, explain.

Student Application (continued)

Educational Information

1. What grade are you in? _____

2. If you speak a foreign language, how many and which one(s)?

3. Please list any awards, honors, and achievements

4. Special skills, abilities, or musical talents

Health Information

1. Are you in good physical health? Yes No

2. Do you have any physical handicaps? Yes No

If yes, explain _____

3. Will you be willing to eat whatever food you are served? Yes No

If no, explain _____

4. Do you have any known allergies? Yes No

If yes, explain _____

5. Are you currently taking medications? Yes No

If yes, explain _____

Spiritual Information

1. Please check all that apply to you personally:

Conversion (Date _____) Water baptism (Date _____)

Baptism in the Holy Spirit (Date _____)

2. Please describe your involvement in your local church.

Student Application (continued)

Outreach Experience Information

1. Have you ever participated in a Christ Chapel outreach? Yes No

If yes, what year(s) did you participate?

Where did you go?

Home Church Information

Senior Pastor _____

Youth Pastor _____

Church Name _____

Church Address (no P.O. Box) _____

City _____ State _____ Zip _____

Church E-mail address _____

How long have you known your pastors? _____ Church Phone _____

**Adult Consent Form - Assumption of Risk
(for those 18 years and older)**

I, _____, in consideration of my acceptance as a short-term volunteer with Christ Chapel, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Christ Chapel.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and subject to the insurance coverages provided, I voluntarily assume all risks of death, injury, illness and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverages provided, I waive and release any and all claims for damages which I, or my heirs or successors, may have against Christ Chapel, or any employee of Christ Chapel, 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.
5. 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 provided, 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.
6. 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.
7. 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 it's contents, and I voluntarily sign this release of my own, free act.**

Initial _____ **Date** _____

IMPORTANT: Please have two witnesses observe your signature(s), and sign below. They must be at least 18, and must not be relatives.

Witness signature _____
Print name _____

Date _____
Address _____
City _____ State _____ Zip _____

Witness signature _____
Print name _____
Date _____
Address _____
City _____ State _____ Zip _____

Notary Public (Print) _____
Signature _____
My commission expires _____

Parental Consent Form
(For those under the age of 18)

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during the mission trip.

Child's Name _____

Father's Name _____

Mother's Name _____

Child's address _____

City _____ State _____ Zip _____

Home Phone(_____) _____ Cell Phone(_____) _____

E-mail _____

Medical Questionnaire

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No

If yes, explain and list any medications _____

2. Is your child allergic to any type of medication? Yes No

If yes, explain _____

3. Does your child medically require a special diet? Yes No

If yes, explain _____

4. Does your child have (or has ever had) any of the following?

(circle all that apply and explain)

Seizures

Asthma Heart Murmur

Diabetes

Hay Fever

Kidney Disease

Other: _____

Explain: _____

5. Does your child have any allergies? Yes No

If yes, explain and list medications _____

6. Has your child ever sleep walked? Yes No

7. Can your child swim? Yes No

Parental Consent Form (continued)

8. Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No

If yes, explain _____

Initial _____ **Date** _____

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either or us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that Christ Chapel, or any of their employees, volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes that would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home phone _____ Father's work # _____

Father's mobile # _____ Mother's work # _____

Mother's mobile # _____ E-mail _____

Emergency contact name _____

Contact phone # _____

Family doctor _____

Doctor's phone # _____

Child's insurance company _____

Policy # _____

Initial _____ **Date** _____

Parental Consent Form (continued)

Consent

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in a Christ Chapel trip during 2007, including swimming, boating, hiking, sports events, and any other activities customarily associated with a Christ Chapel trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming.

I (We) do not authorize our child to participate in any of the following activities:

Initial _____ **Date** _____

I have honestly and accurately completed all parts of the Parental Consent Form to the best of my ability.

Signatures of Parents/Guardians

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

IMPORTANT: Please have two witnesses observe your signature(s), and sign below. They must be at least 18, and must not be relatives.

Witness signature _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Witness signature _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Notary Public (Print) _____

Signature _____

Commission expiration _____

Mature Christian Reference (1)

(This portion of the application CANNOT be completed by a relative)

This section is to be completed by the applicant (please print):

Last _____ First _____ Middle _____

Current Address (no P.O. Box) _____

City _____ State _____ Zip _____

Home Phone(_____) _____ Cell Phone(_____) _____

Email _____

This section is to be completed by the person who is referring the student

The above named person is applying to participate a short-term through Christ Chapel Student Ministries. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our program. We appreciate your candor; please know your insight will be kept confidential.

1. How long have you know the applicant? _____
2. How well do you know the applicant? (please circle)
Slightly Casually Well Very Well
3. Do you believe the applicant is a committed Christian? _____
4. To what extent is the applicant involved in their church? (please circle)
No involvement Slightly Involved Involved Very Involved Don't Know
5. What special talents has he/she shown?

6. What leadership abilities has he/she shown?

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No
If yes, explain _____

8. Do you feel the applicant is emotionally qualified for a mission's trip?
 Yes No

Mature Christian Reference (1) (continued)

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards anyone? Yes No

Please rate the applicant in the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the applicant as you do what recommendation would you make? (Select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments

Signature _____

Print Name _____

Date _____

Mature Christian Reference (2)

(This portion of the application CANNOT be completed by a relative)

This section is to be completed by the applicant (please print):

Last _____ First _____ Middle _____

Current Address (no P.O. Box) _____

City _____ State _____ Zip _____

Home Phone(_____) _____ Cell Phone(_____) _____

Email _____

This section is to be completed by the person who is referring the student

The above named person is applying to participate a short-term through Christ Chapel Student Ministries. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our program. We appreciate your candor; please know your insight will be kept confidential.

1. How long have you know the applicant? _____

2. How well do you know the applicant? (please circle)

Slightly Casually Well Very Well

3. Do you believe the applicant is a committed Christian? _____

4. To what extent is the applicant involved in your church? (please circle)

No involvement Slightly Involved Involved Very Involved

5. What special talents has he/she shown?

6. What leadership abilities has he/she shown?

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No

If yes, explain _____

8. Do you feel the applicant is emotionally qualified for a mission's trip?

Yes No

Mature Christian Reference (2) (continued)

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards anyone? Yes No

Please rate the applicant in the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the applicant as you do what recommendation would you make? (Select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments

Signature _____

Print Name _____

Date _____

