

YOUTH MEXICO MISSION TRIP

April 25 - 28, 2019 (for high School students and parents)

Calvary Chapel Santee Confidential Mission Application
Trip cost \$80.00: includes accommodations, ministries supplies and meals
MINISTRY FOCUS: Visit orphanage, outreach, work project, encourage missionaries

APPLICATIONS DUE: SUNDAY, April 10TH

Submit \$80.00 with application and a copy of your passport or birth certificate to the bookstore

GENERAL INFORMATION:

Name: _____ Date of Birth: ____ - ____ - ____

Current Address: _____

City State Zip If over Age 25 – Can you drive? Type of vehicle

Complete blow if you are a minor:

Mother: _____ Father: _____

Phone Number(s): Home () _____ Parent's Cell () _____

Email: _____ Parent's Email: _____

Emergency Contact: Name of person who you KNOW will be available while you're away

Name: _____ Relationship: _____

Address: _____

City State Zip

Phone: _____ Secondary number: _____

PASSPORT/ID

Passports are preferred but not mandatory if you are under 18. Please select one:

I have a passport:

- Attach a copy of your passport to this application.

I am applying for a passport:

- Apply for a passport at the Post Office. Download application at www.usps.com
- Call ahead to find out when they accept passport applications and make an appointment.
- Turn in a copy of your passport to us when you receive it.

I do not have a passport:

- If you do not have a passport you will need your birth certificate and a photo ID.
- Attach a copy of your birth certificate and ID to this application.

HEALTH

Please answer the following questions accurately and honestly. All information will be handled with a high standard of professional confidentiality. We are collecting and keeping this information on record so that we can provide medical personnel with complete information should a medical emergency or serious illness occur.

1. Describe your general health and physical fitness. _____

2. Do you have a physical condition that may limit your ability to perform the ministry for which you have applied? Yes No. If so, please explain. _____

3. Are you presently under medication prescribed by a physician? Yes No

If yes, please list: _____

4. Will you be taking medication while on this mission trip? Yes No

If yes, explain _____

5. Do you require a special diet? _____

6. Do you suffer from a weak stomach or motion sickness? _____

7. Have you ever been treated for a nervous, mental, or emotional disorder? Yes No

If yes, what was/is the nature of the disorder? _____

Health conditions: Please check off if you suffer from any of the following:

Asthma Arthritis Neuro-muscular disorder

Diabetes Epilepsy Anxiety Attacks

Food allergies (Explain): _____

MINISTRY EXPERIENCE

1. Have you been to Mexico before, if so when and for what purpose? _____

2. What languages do you speak other than English? _____

3. Are you comfortable speaking in front of a group? _____

4. Have you ever been involved with any other type of outreach or ministry? Yes No

If so, when and where? _____

5. Are you currently involved in any kind of ministry? Yes No.

If Yes, describe: _____

6. How well do you react under pressure? (Explain) _____

Special skills and experience in: (check all that apply)

Wireless communication

Computer

Photography

Guitar/led worship

Journalism

Videography

Drama

Singing

Sports or Coaching

Nursery Care (babies)

Taught Sunday school (if yes, what age group?) _____

Construction (specify): _____

By signing below I am agreeing that I have answered every question on this application to the best of my knowledge honestly and with a clear conscience.

Signature: _____ Date: _____

Applicant's Signature

Signature: _____ Date: _____

Parent or Legal Guardian's signature

Thank you for a desire to join us, We will inform you once it this application has been reviewed. Please let me know if you have any questions!

Chris DuFour, Youth Pastor

chris@ccsantee.com

Submit This Application to The Bookstore