

Celebration Church Missions Application

Mission Trip Applying For

Today's Date

PLEASE PRINT CLEARLY

Name (as printed on passport for airline ticket)_____

Address_____

City_____ State_____ Zip Code_____

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

Email Address_____ Sex M F Marital Status_____

If married, how long?_____ Spouse's Name_____

Name of dependents_____

Date of Birth_____ Citizen of what country?_____

Driver's License Number_____ Issuing State_____

Passport Number_____ Expiration Date_____

Emergency Contact_____ Relationship_____

Are you a member of Celebration Church? _____ How long? _____

If not, how long have you attended Celebration Church on a regular basis? _____

When did you accept Jesus as your Lord and Savior? _____

Have you experienced the baptism in the Holy Spirit with the evidence of speaking in tongues? YES NO If 'yes', when? _____

Have you been baptized by immersion in water since being born again? YES NO If 'yes', When? _____ Where? _____

What languages do you speak fluently? _____

Were you referred on a Celebration Church Mission Trip? _____

If 'yes', by whom? _____ Relationship? _____

Do you currently attend a Celebration Church Care Group? YES NO

Which group? _____

What ministries are you currently involved with at Celebration Church? _____

Do you serve/volunteer in any type of leadership position outside the church? Y N

If so, please list _____

What Pastor at Celebration Church can give you a reference? _____

List 2 people that know you and your spiritual walk (name and phone#):

Do you support Celebration Church faithfully with your tithe and offerings? YES NO

Do you smoke or use any tobacco product? YES NO

Do you use any illegal drugs? YES NO

Do you drink any alcoholic beverages? YES NO

Do you have a systematic bible reading plan? YES NO

Have you attended Celebration Church Next Step classes? YES NO

If 'no', which classes have you completed? _____

Have you ever served on a mission trip before or been in a cross-cultural experience? _____

Please explain briefly why you want to be involved on this mission trip. _____

WORK EXPERIENCE/TALENTS

Please list any specific talents that you have. (drama, singing, instruments, puppets, construction, medical, teaching, etc.)

Where are you employed? _____

Position? _____ How long? _____

What do you see as your strongest character quality and why?

What do you see as your weakest character quality and why?

HEALTH INFORMATION

Do you have or have you ever had (please circle):

Fainting Spells / Heart Problems / Diabetes / Eating Disorder / Respiratory Problems / Seizures

Do you have any condition which might affect your ability to fully function as a missionary on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders)?

Do you have any chronic illnesses or allergies? Yes / No If yes, explain:

Are you presently under medication prescribed by a doctor? Yes / No If yes, explain: _____

Have you ever had any psychiatric care or treatment? Yes / No If yes, explain:

Please list any hospitalization history:

Does your health insurance cover you overseas? Yes / No

How would you describe your health and fitness? Excellent / Good / Average / Needs work

PERSONAL INFORMATION

What are your personal expectations for this trip?

If you are in a dating/engaged relationship, is this person applying to serve on the same mission team? Yes / No

How does your family feel about you going on this trip?

Have you been involved with any of the following within the past year?

Alcohol or Tobacco

Illegal Drugs

ACult or the Occult

Criminal Activity

Have you ever been convicted of committing a crime? Yes / No If yes, explain:

If you are applying for a trip that includes ministry to children, you may be required to have a background check. Will you agree to a check? Yes / No

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

Celebration Church requires compliance with rules and regulations, including the rules concerning conduct, dress and Christian lifestyle. These are explained in the Team Covenant, which will be provided to accepted team members. Failure by team members, leaders and staff to comply with these policies is grounds for dismissal, without refund or reimbursement. Team members, leaders, and staff serve at their own risk, and Celebration Church is not liable in the event of sickness, accident, death, or terrorist acts or for transportation and any other expense beyond normal involvement. We require all participants to be in good physical condition, and we may require a doctor's reference and exam. I have read and understand the above information. The information I have given Celebration Church is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations listed above.

Signature of Applicant: _____ Date: _____