



Application for Short Term Missions Team

Team Destination: _____

Please fill out one application per family.

All completed application forms and deposits must be turned in to:

**Global Ministries
446 W 40th St
Holland, MI 49423**

Legal Name Required:

First Middle Last

Street Address

City, State, Zip

Home Phone: _____

Email Address: _____

Date of Birth: _____ **(Please include year)**

Passport Number: _____

***A Passport if required to travel outside the United States of America.**

Expiration Date: _____

Office Use Only	
Date Received _____	Accepted _____
Deposit _____	Notified _____

Please list all family members that are applying for this team.

***applicants must be at least 8 years old for International teams**

Name	Age	Birthday

To apply for this team there is a \$100 non-refundable deposit per person due at the time of applying.

This money is refundable only if you are not accepted on the team or Central Wesleyan Church cancels the team. Your account balance is due before the team leaves. Your team leader may set up a payment schedule for the remainder of the funds.

Any money given above the required costs will be applied to the over all costs of the team. Final costs include subsidizes given by Central Wesleyan Church from our missions funds to enable more people to participate.

Why are you interested in serving on this team?

How long have you been attending Central Wesleyan Church and how have you been involved in service here?

Have you ever been on a short-term missions team with Central Wesleyan?

Yes _____ No _____

Do you participate in a Community Group, or other midweek small group or fellowship opportunity? _____

Please list: _____

Are you a member of Central Wesleyan? Yes _____ No _____

Do you regularly invest in Faith Promise Giving for Missions? Yes _____ No _____

If married, is your spouse in agreement of your taking this trip? Yes _____ No _____

Sufficient medical insurance is *required* to participate on this team. If you do not currently have health insurance, there are carriers of short term insurance, which you could purchase.

Do you have medical/health insurance? Yes _____ No _____

Please note regarding mission trip contributions:

Contributions will be received on behalf of individuals going on mission trips sponsored by Central Wesleyan Church. When such faith funds are received, the donors must realize that all contributions are made to Central Wesleyan Church to be used for the benefit of its tax-exempt purposes. Anyone, including you, can receive giving credit for contributing financially to a short-term team. As such, donors relinquishes all control of such contributions and the church will be unable to refund any money to the donor even if a particular person raises more faith funds than a trip requires or if a particular person would terminate plans to go on the trip. Should the church cancel a planned mission trip for its purposes the church would contact all donors and offer to return contributions or have them redirected according to their charitable desires.

If you want to receive contribution credit for funds given, the money given is 100% non-refundable. **Please check the appropriate box below and sign indicating your desire and that you have read the above statement.** Note: even if you do not desire contribution credit, funds are only refundable above trip expenses that have already been paid.

Yes, I want to receive contribution credit for the funds I give towards this mission trip.

No, I do not want to receive contribution credit.

Signed _____

You will be notified after the selection process is completed if you have been accepted for the team. If you have any further questions, please contact the office at 395-3079 or email global@centralwesleyan.org.

Emergency Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Age: _____ Gender: _____

Beneficiary: _____ Relationship _____

(Requested for insurance purposes. Name should generally be a spouse, parent/guardian or in the case of both spouses participating a parent or other relative, etc.)

Parent or Guardian (if under 21)

Address: (include city & state)

Phone #: (____) _____

Emergency Contact: Contact

Name: _____

Day Phone: (____) _____

Eve Phone: (____) _____

Cell Phone: (____) _____

Alternate Emergency

Name: _____

Day Phone: (____) _____

Eve Phone: (____) _____

Cell Phone: (____) _____

Medical Information

Insurance

Insurance Company: _____

Policy Number: _____

Group Number: _____

Policy Holder Name: _____

Primary Care Physician

Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Date of last Tetanus: _____

5.

Are you currently taking medication? (If so, list what kind and doses.)

Do you or any of your family members going, have any allergies or allergic reactions to medications? (Specify allergies/medications.)

Please check relevant health issues:

- Asthma
- Exercise induced asthma
- Diabetic
- Epilepsy
- Cardiac problems
- High blood pressure
- Kidney problems
- Liver problems
- Depression
- Panic attacks
- Other (please specify)

Are there any other medical conditions not listed above that we should be aware of? If so, please list the condition:

List any special information/directions, not listed above, should medical treatment be required (rare blood types, missing organs, etc.):

Do you have any special dietary restrictions or a schedule that you need to follow?

If you have questions about your application please call 395.3079.

6.