

Prison Ministry Mission Trip - Tallahassee 2010

Supplemental Trip Application

Name: _____ Date ____/____/2010
Address: _____ City, ST Zip: _____
Email: _____ Phone number: ____/____/____

Male Female Marital Status: Single Married Engaged Widowed

If married, is your spouse supportive of you applying for this trip? Yes No
If NO, please explain: _____

Emergency Information

In case of an emergency,
Please notify: _____ Relationship: _____

Home phone: ____/____/____ Work phone: ____/____/____

Blood Type _____ Allergies to Medications: _____

Current Medications: (please print clearly) _____

Health Provider's Name: _____

Policy # _____ Phone Number: _1_/____/____/____

Church Involvement

In regards to my link with Crossroads Church, I am a (please check one):
 Member Regular Attendee Occasional Attendee

Community Group Leader's Name: _____

Discipleship Leader's Name: _____

References

Please provide two references. One should be a ministry leader with whom you have served. The other should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name: _____ Phone: ____/____/____

Name: _____ Phone: ____/____/____

If selected to be a part of this team, I make a commitment to:

- a) Attend all of the training sessions prior to departure.
- b) Conduct myself in a manner worthy of the Lord while serving Him on the project.
- c) Submit to the team leader's authority.
- d) Refrain from any behavior which may compromise my witness. (i.e.: abusive language, drug use, drinking alcohol, smoking, pursuing relationships of a romantic nature, etc.)

Please initial _____

If I am going with a group other than Crossroads Church, I make a commitment to:

- a) Go through the training process the organization outlines for me.
- b) Conduct myself in a manner worthy of the Lord while serving Him on the project.
- c) Submit to the team leader's authority at all times.
- d) Refrain from any behavior which may compromise my witness (i.e.: abusive language, drug use, drinking alcohol, smoking, pursuing relationships of a romantic nature, etc.)

Please initial _____

I have read and accept Crossroads' Statement of Faith (initial) _____ (date) ____/____/2010

I have read and accept Crossroads' Mission Policy (initial) _____ (date) ____/____/2010

To the best of my knowledge, the information supplied on this application and the Bill Glass application is accurate and truthful.

(Signature) _____ (date) ____/____/2010

FOR OFFICE USE ONLY

Application Approved: [] Yes [] No **By:** _____ **Date:** ____/____/____

Comments: _____