

Until All Have Heard



Short-Term Missions Application

Personal Information

Full Name _____ Name You Go By _____
(Name Must Be Same As Will Be On Passport)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Date Of Birth _____ Email Address _____

Place Of Employment _____ Your Position _____

Address _____ City _____ State _____ Zip _____

Marital Status: Single Divorced Separated Married Spouse's Name _____

Children's Names and Ages _____

In the event of emergency, notify: *(Please list someone who will not be on the trip with you.)*

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Medical Information

Have you ever had, been diagnosed as having or been treated for any of the following: **(please circle disease or disorder)**

- | | YES | NO |
|--|--------------------------|--------------------------|
| A. Chest pain, heart disease, high or low blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Nervous, mental or emotional disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Convulsions, epilepsy, unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Asthma or other disease of lungs or respiratory system? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Kidney stones, disease of the kidney or bladder? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Cancer and/or cancerous tumor? | <input type="checkbox"/> | <input type="checkbox"/> |
| (state type: part of body) _____ | | |
| G. Diabetes, liver or thyroid disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Stomach, gall bladder, intestinal or colon disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Rheumatoid arthritis or back disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Phlebitis, paralysis, or any other physical impairment? | <input type="checkbox"/> | <input type="checkbox"/> |

Physicians Name: _____

Physicians Phone Number: _____

1. Are you now pregnant? _____
2. Are you currently taking any prescribed medication? _____
If yes, explain: _____
3. Are you allergic to any medications? _____
If yes, list: _____
4. Do you have any other allergies (animals, foods, etc.)? _____
If yes, list: _____
5. Have you been advised to, or do you plan to, have any surgery between now and the trip date? _____
If yes, explain _____
6. Do you have any medical restrictions or handicaps that we need to make provisions for? _____
If yes, explain: _____
7. Do you have any dietary restrictions? _____
If yes, explain _____
8. Are you a vegetarian or a vegan? _____
If yes, are you willing to eat any type of food while on your trip? _____
If not, explain _____

Personal Profile

1. On a separate piece of paper, please share your testimony. Include when you were born again, the growth in your walk with the Lord, and your present relationship with Jesus Christ. Be specific!
2. Are you a member of Central Church of God? Yes No
3. If not, are you presently attending Central Church of God? Yes No
4. If no, which church do you attend? _____
5. Please describe your current involvement in activities and ministries at your church.

Short-Term Missions Experience

Please list any previous short-term mission trips you have participated on with Central Church of God.

Country	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please list any other short-term missions trips you have participated on or missions experience you have had.

Country	Agency/Church
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Short-Term Missions Availability

It is understood that by submitting this application, you are willing to consider any short-term mission trip that the Missions Department feels might best fit the availability you have indicated below.

Which months of the year are you willing to participate on a short-term mission trip?

- January February March April May June
 July August September October November December

All participants will be required to attend the Mission Training Program prior to participating on each short-term trip.

- A. Purpose: Central feels that training is essential in order to properly prepare individuals for short-term mission outreach. The training is designed to promote growth in an individual's walk with the Lord, teach discipline, promote unity, help all to grow as a body, and prepare the outreach participants to work closely as a unit.
- B. Requirements: Each participant will be required to attend a mandatory orientation session, twelve to fourteen classes, as well as completing various assignments given by their team leader. The assignments are designed to prepare the individual for the outreach by molding their character to His image. Successful completion of this program is mandatory in order to participate.

Personal Commitment

Do you understand that all prospective applicants must have a personal interview with the Missions Department or a representative of the Missions Committee? _____

Do you understand that the training for this mission trip is a commitment of meeting faithfully for at least 12-14 weeks? _____

Do you understand that if you are selected for a team you must attend the mandatory orientation session? _____

Are you willing to commit to this? _____

NOTE: A current passport type photograph MUST be attached to this application or it will be returned to the applicant. Also, please look back over each section of this application to ensure you have completed everything in full before submitting to the Missions Department.



Signed Date

Mail Completed Application To:

Central Church of God • Missions Department • 5301 Sardis Road • Charlotte, NC • 28270