



Washington Crossing United Methodist Church
Short-term Mission Application Form

To Be Filled Out for Each Trip Taken

Basic Information

Name First: _____ MI: ____
Last : _____
Address : _____
City : _____ State: ____ Zip: _____
Country: _____ E-Mail: _____
Phone Home: (____) _____ Cell: (____) _____
Work: (____) _____
Date of Birth: _____ Gender: ____ F ____ M
Are You a Crossing Member? ____ Y ____ N Are you in a small group : ____ Y ____ N
Are You Requesting Church financial Support? ____ Y ____ N

Non Members Additional Information

For those who are not members or attendees of the Crossing, but have a desire to join one of our missions trips, you must also include two personal character recommendations (one from a pastor or spiritual overseer,) and a letter/email to the Crossing Pastor of Outreach, and when applicable, to the long-term Crossing member you are visiting on the trip. These documents can be sent to the following address: Pastor of Outreach, c/o The Crossing, 1895 Wrightstown Road, Washington Crossing, PA 18977 or info@crossingumc.org, with the subject line: "Recommendation for (Your Name) for short-term mission trip".

Agreement To : Allowed to use photo or video of me on the trip ____ Y ____ N

International Trips :

Passport Number: _____

Passport Expiration Date : _____

Marital Status :

Single : ____ Engaged : ____ Married : ____ Widowed : ____ Separated : ____

Spouse Name: _____

Is your spouse supportive of you applying for this trip? ____ Y ____ N

Emergency Contact:

Contact Name: _____

Relationship: _____

Address : _____

City : _____ State: ____ Zip: _____

Phone Home: (____) _____ Cell: (____) _____ Work: (____) _____

E-Mail: _____



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Medical Information:

Do you have any Medical or First Aid Training (explain below or respond N/A) :

What current medications are you taking if any or respond N/A :

What Food Allergies, Diet Restrictions, Other Allergies do you have if any or respond N/A :

Do you have the CDC immunization shots recommended for this trip? (List shots that you have or respond Yes-No; team will review recommended shots with you) :

Last Tetanus Shot : _____ **Blood Type :** _____

Medical Insurance Information :

Company Name : _____

Company Phone Number : _____

Policy Number : _____

Group Number : _____

Address : _____

City : _____ **State:** _____

Zip: _____

E-Mail: _____ **Web Site :** _____



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MISSION INFORMATION NEXT PAGE

Mission Information

Destination: _____

Dates of Trip: _____

Previous missions experience where did you go? What did you do? :

What experiences do you have in serving the church? :

Describe your relationship with Jesus ?:

Why do you want to go on this trip? :

What are you hoping to contribute to the team and the trip ?:
