



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: _____



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 :

	Primary Ins.	Secondary Ins.	Tertiary Ins.
Company Name :			
Company Phone Number :			
Policy Number :			
Group Number :			
Address :			
City :			
State :			
Zip :			
E-Mail			
Web Site :			



Mission Information

Trip Destination: _____

Start Date 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 ?:

