



**Calvary Church**  
**Application for Student Short-Term Missions Trip**  
 820 Route 113 • Souderton, PA 18964 • 215-723-0963 • 215-723-8939 (fax)

**Student Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Do you have a Facebook account?  Yes  No Facebook name \_\_\_\_\_

**Parent Information**

Name \_\_\_\_\_  
 Address (if different from student) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Parent Email Address(es) \_\_\_\_\_

**Student Health**

The associated travel, actual work, and physical conditions in the area can impact your experience and those of your team members on a ministry trip. It is important that you answer these questions honestly and include any health or activity limitations.

Date of last tetanus shot \_\_\_\_\_  Include a copy of both sides of your health insurance card

How would you describe your present health? \_\_\_\_\_ *initial (Office Use Only)*  
 Excellent  Good  Average  Poor

Please list any major illness(es) or medical conditions you have had in the last five years. \_\_\_\_\_

Please describe any activity restrictions or special equipment you need to accompany you on the trip. \_\_\_\_\_

Please list any food or medication allergies you have. \_\_\_\_\_

Please describe any special dietary restrictions or needs you have. \_\_\_\_\_

Are you able to walk one mile while carrying a 25-pound bag?  Yes  No

If No, please explain \_\_\_\_\_





**Student Motivation and Experience**

Why do you want to go on this specific trip and what do you hope to learn? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What gifts or abilities do you feel that you bring to this trip? \_\_\_\_\_

\_\_\_\_\_

Are your parents supportive of you applying for this trip? Yes No

If No, please explain \_\_\_\_\_

Please list previous short-term trips or mission experience:

| <i>Country</i> | <i>Church/Missions Organization</i> | <i>Dates of Project</i> | <i>Your Role</i> |
|----------------|-------------------------------------|-------------------------|------------------|
|----------------|-------------------------------------|-------------------------|------------------|

|    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Describe your domestic and/or international travel experience. \_\_\_\_\_

\_\_\_\_\_

**Parent Statement**

Are you sure your teen wants to participate in this missions trip? Yes No

If No, please explain \_\_\_\_\_

Do you have any hesitation about your teen going on this trip? Yes No

If Yes, please explain \_\_\_\_\_

Why do you want your teen to go on this trip? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you like to see your teen's life changed by this trip & how can you help that to happen?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Student References

Please provide two references. If you have served in ministry, please provide the name of a ministry leader with whom you have served. The other reference should be someone who knows your strengths and weaknesses but is not a family member.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_

### Student and Parent Commitment

If selected to be part of a short-term missions team, the student makes a commitment to the following. The parent signature is a pledge of encouragement and support of the student's resolve.

- commit to making all Ministry Team functions a priority over other activities in which I am involved in order to complete the training process as scheduled prior to departure and after returning from the trip
- conduct myself in a Christ-like manner while serving Him as a team member on the project
- submit to the authority of the team leader and the host
- refrain from any behavior which may compromise my witness (i.e., abusive language, drug use, etc.)
- take responsibility for any costs the church has incurred if unforeseen circumstances prohibit me from going on the trip
- provide a written and verbal report as requested by the International Ministries Team
- contribute to my financial support personally and make every effort to raise all of the necessary funds
- actively build a team of prayer supporters for the duration of my trip

If at any time while on the project my behavior constitutes a problem, the team leader has the authority to require that I return home. Any additional costs incurred as a result of this action will be my responsibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

- Be sure to include:**
- Completed and signed application (pages 1-4)
  - Copy of health insurance card (stapled to application)