

CAPE ESCAPE 2017
Mission Trip Application

BACKGROUND INFORMATION:

Name: _____ Date: _____

Birth Date: _____ Gender: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Cell Number: _____ Home Number: _____

Email: _____ T-shirt size: _____

QUESTIONNAIRE: *(if more space is needed please use back side of the application)*

Do you have a personal relationship with Jesus? _____ Explain what your walk with Christ means to you:

Do you have musical ability? Yes/no Specify:

Why would you like to serve on this Mission Trip?

List specific skills and gifts that might contribute to this mission team:

MISSION TRIP REQUIRMENTS: (talk with Pastor Tim if there are conflicts)

Age:

Must be in 7th grade

Monthly Meetings:

Feb. 6th 6:30PM – 9PM

Mar. 6th 6:30PM – 9PM

Apr. 3rd 6:30PM – 9PM

May 1st 6:30PM – 9PM

June 5th 6:30PM – 9PM

CHURCH INFORMATION:

Name of Church: _____ Pastor: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

How long have you been with this church? _____

MEDICAL:

Do you take any medication regularly? Yes/NO Specify: _____

Do you suffer from any allergies? Yes/NO Specify: _____

Have you had a Tetanus Shot/Booster in the past 5 years? Yes/No

If no, you should receive this particular shot before the trip. It is recommended that team members consult with their physicians with respect to any medical advice before traveling.

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

Name of Church: _____ Pastor: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

CAPE ESCAPE APPROVAL OF MINISTRY:

I, _____ submit myself, my services and my talents to the leadership of this Mission Trip from the time of departure until the time of return to home.

I am aware that I will need to have a positive, exemplary attitude and concern for others. I will have to endure some inconveniences and be safety-conscious. I will observe a modest dress code during the whole trip.

I understand that if I engage in activities which adversely affect my Christian witness, I will be subject to immediate dismissal from the team and be returned home at the first possible opportunity at my own expense.

Signature: _____ Date: _____

Signature: _____ Date: _____
If a minor, signature of parent/legal guardian is required

MISSION TRIP INTERVIEW:

After submitting your application you will be scheduled for an interview