**

*In order to participate in a Crosspoint sponsored short-term mission trip, participants agree to accurately disclose relevant information on this form to the trip’s leadership and understand that this information can be used to select team members in the best interest of the team, field, and individual. This form can be used to approve or disqualify members. Different trips have different risks and qualifications.*

**Logistical Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | (First) | (Middle)  | (Last) |
| DOB |  | Gender |  | Phone # |  |
| Address |  |
| Emergency Contact |  | Emergency Contact Phone # |  |
| Passport Expiration Date and # |  |

**MINORS: If the participant is under 18 years old and traveling without a parent, a parent or guardian will need to fill out the attached ‘Parental Consent Form.’**

*Mission trips often travel to places where healthcare is delayed or minimal.*

*Transportation/travel can be very lengthy and difficult.*

*Mission trips frequently involve strenuous activity/walking and work in stressful situations.*

**Health Information:**

|  |
| --- |
| Please list any issues/situations (medical or mental health) that could impact your ability to serve? |
|  |
|  |
|  |
| How would you describe your health? | Excellent | Good | Average | Poor |
| What concerns do you have about travel? |  |
|  |
|  |
| List surgeries/hospitalization/significant health or mental illness in the past five years: |
|  |
|  |

 **Mission Trip information:**

|  |
| --- |
| What makes you interested in *this* trip? |
|  |
|  |
| Tell us a little bit about the other trips you have been on (where, with whom, what did you do). |
|  |
|  |

**Faith and Personal Experience information:**

|  |
| --- |
| How did you come to know Christ personally? How long have you been a believer? |
|  |
|  |
|  |
|  |
|  |
| Please list church membership and any ministries/organizations you are involved with:  |
|  |
|  |
| Do you have a criminal record of any kindNo \_\_\_\_\_ Yes \_\_\_\_\_ If so, please explain: |
|  |
|  |
|  |
| Are you currently struggling with anything that may cause difficulty in a cross-cultural setting (addiction, anger management, depression, anxiety, etc.)? |
|  |
|  |
|  |
| **In addition to this section, please fill out the attached background check authorization form** |

**References:**

|  |
| --- |
| Please list 2 spiritual/pastoral references that we can contact – name and email or phone #  |
| 1) |
| 2) |

**Commitment
As a part of this short term team, I make a commitment to:**

1. Training: **Participate in pre-trip training and a post-trip debrief session.**
2. Authority: **Follow the guidance of the trip leader and sending organization at all times. Team leaders reserve the right to send participants home (at their own expense) if they pose a danger to themselves, the team, or the integrity of the ministry we are partnered with.**
3. Cost: **I will pay the full (non-refundable, Tax-deductible) cost of the trip through fundraising, direct payment, or a scheduled payment system that has been agreed to by the Missions Pastor. Crosspoint will not book a plane ticket without a clear picture of the participant’s payment strategy.**
4. Non-Negotiables: **Tobacco, alcohol, and illicit drug use are not permitted at any time on Crosspoint Mission trips.**

Participant Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Process:**After filling out this application and background check form, please send them to TFuller@crosspoint.church

If you have not already attended the informational meeting for your trip, please do that.

You will be officially “on the roster” when the mission pastor and trip leader accept your application and you have a deposit (or payment plan) turned in.

PARENTAL/GUARDIAN CONSENT AND RELEASE AGREEMENT

**To be completed by parent/guardian of all applicants under 18 years of age**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herby give my consent for my child to travel to one or more of the fields of Crosspoint UMC on a short term mission trip. I do so with full awareness that foreign travel by its very nature offers an unfamiliar and unique environment in which risks and injury to both persons and property are inherent. In care of a medical emergency, I understand that every effort will be made to contact parents or legal guardians of participants in the program. In the event that I cannot be reached, I consent to and authorize Crosspoint church to obtain and secure reasonably necessary medical or surgical treatment.

Describe any medical conditions of which an attending medical doctor should be aware:

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

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List any medications being taken or used of which an attending medical doctor should be aware:

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

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Minor’s physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Health/ accident insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy holder’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize this physician to release to medical information listed on the Medical Statement to Crosspoint UMC for the express purpose of participating in a short term mission trip.

In consideration of my child’s being accepted for participation in the program, I hereby voluntarily release and agree to hold harmless and indemnify Crosspoint UMC and each of its employees from against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney’s fees, loss and judgements of whatsoever kind and nature which may result from or arise out of the participation by my child, whether or not resulting in whole or in part from the negligence, acts, or omissions of my child, or from the acts or omissions of Crosspint UMC or its employees, excepting only such injury or damage resulting from the willful or negligent acts of such employees.

Parent/guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any minor participating on a Crosspoint Mission trip without their parent/guardian will need an adult on the trip acting as a “designated caregiver”.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact other than parent/ guardian**

Contact #1

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #2

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crosspoint United Methodist Church

214 Partin Drive South

Niceville FL 32578

850-678-4411

AUTHORIZATION FORM:

During the application process and/or at any time during the tenure of my involvement with Crosspoint United Methodist Church, I hereby authorize Crosspoint United Methodist Church to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or criminal record.

This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or criminal record.

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

Applicant/Employee Name and Signature (print & sign) Date

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver License State\_\_\_\_\_\_\_

If at this address less than 3 months give previous address(es):

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

Office Use:------------------------------------------------------------------------------------------

Name of in taker :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print)

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Search results: □ Negative, □ Positive (print results, attach to this form-notify executive pastor or minister of administration).