



KINGSBURG COMMUNITY CHURCH

**Plant the Good News of Jesus Christ, Grow Mature Disciples,
Harvest the Fruit of the Spirit for the Needs of the World**

It is the desire of the Missions Committee to allow all interested individuals to experience a short-term mission trip. We recognize that there may be situations, locations, or projects that are not suitable for all individuals. Applicants should have a testimony of salvation and be able to express how God has worked in their life.

With that in mind, we have formed the following process:

1. Complete the application (attached) and return it to KCC by the due date.
2. The team leaders will review the application and references.
3. If necessary, applicants may be interviewed by the team leader.
4. A letter of regret or acceptance will be sent to the applicant (a letter of acceptance will include information about the first team meeting and other pertinent team information).

All accepted team members will be required to:

- Sign a copy of the Short-Term Team Member's Commitment Policy or Covenant



KINGSBURG COMMUNITY CHURCH

Please complete and return to: Kingsburg Community Church Phone: 559-897-2388
1532 Ellis Street Fax: 559-897-4361
Kingsburg, CA 93631
Email: kcc@kingsburgcommunitychurch.org

Date Completed: _____

Mission Trip Destination: _____ Dates of Trip: _____

General Information

Full Legal Name _____

Country of Citizenship _____ Passport Number _____

Date of Birth _____

Marital Status: (Circle what applies)

Single

Married

Separated

Divorced

Spouse: _____

Widowed

Remarried

Home Address _____

Home Phone _____

City _____

E-mail _____

State & Zip _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Job Title _____

May we call you at work? _____

Emergency Information

Do you have any medical restrictions or disabilities that we need to make provision for? _____

If yes, please explain _____

Known allergies to medications, pollen, food, etc: _____

Reactions to allergies: _____

Has your reaction ever required emergency care? No Yes (explain) _____

Do you have any recurrent health problems (chest pains, kidney problems, etc.)? No Yes

Are you presently taking any medications? No Yes (explain) _____

Blood type _____ Eye glasses prescription _____

Physician's name _____ Phone Number _____

Health INS Co _____ Policy # _____ Phone Number _____

In the event of an emergency notify: Name _____

Relationship _____ Day Phone _____ Evening Phone _____

Address _____ City _____ State _____ Zip _____

Church Membership Information

Are you a member of KCC? _____ Year Joined _____

Please state the ministry(ies) that you are involved in (e.g., Youth, Single Adults, etc.): _____

Complete information below if you are not a member of KCC

Church where you are a member _____

Address _____

Phone _____ Pastor's Name _____

Please state the ministry(ies) that you are involved in outside of KCC. _____

Describe your relationship with KCC (check all that apply)

____ Former Member ____ Current Membership ____ Regularly Attend

Referred to KCC by: _____

Additional Information: _____

Skills: _____

What languages do you know other than English? _____

Circle any of the skills below that apply to you. Give further information, explanation if necessary.

Please list other skills that may be utilized on a short-term mission trip (drama, Juggling, etc.).

Personal Ministry	Construction	Medical	Business	Computer
Bible Study Leader	Carpentry	Doctor	Accounting	Programming
Evangelism	Masonry	Nurse	Management	Data Entry
Singing	Plumbing	Dentist	Marketing	Word Processing
Musical Instrument	Electrical	Nutrition	Training	Pharmacist

References

Please list three people we may contact who have known you at least two years and who know your ministry abilities as well as your strengths and weaknesses. Only one person may be a family member, and one person should be a church pastor or department director in the ministry in which you serve.

1. Name _____ Known Since _____ Relationship _____

Day Phone _____ Evening Phone _____

Address _____ City _____ State ____ Zip _____

2. Name _____ Known Since _____ Relationship _____

Day Phone _____ Evening Phone _____

Address _____ City _____ State ____ Zip _____

3. Name _____ Known Since _____ Relationship _____

Day Phone _____ Evening Phone _____

Address _____ City _____ State ____ Zip _____

Please write one or two paragraphs on the following

Write a description of your relationship to Christ. _____

Why do you want to be on a short-term mission team? _____

What are the realistic roadblocks that might keep you from going on a mission trip?

What short-term teams have you been on before (dates, destination, organization, purpose)?

What other overseas travel experiences do you have? _____
