

MISSION CONNECT

SHORT-TERM MISSION TRIP APPLICATION

Thank you for applying for an ECC short-term mission trip. In order to reserve a place on this trip, please return to the office a **completed application**, a **copy of your passport** (now or once obtained), and a **\$100 non-refundable deposit**.

Ephrata Community Church
Attn: Missions Pastor
70 Clay School Road
Ephrata, PA 17522

Office Use Only

Date Received ___ / ___ / ___

- Completed Application
- Copy of Passport
- \$100.00 Non-refundable Deposit

Trip Location: _____

Dates: _____

Name (as it appears on your Passport): _____
First Middle Last

Mailing Address: _____
Street address or P.O. Box number City State Zip Code

E-mail: _____ () _____ () _____
Home Phone Cell Phone

Occupation: _____ Employer: _____

Do you have a PASSPORT? Yes No I'm processing to obtain one

Passport #: _____ Birth Date: ___ / ___ / _____

Place of Birth (as listed on your passport): _____

Issue Date: _____ Expiration Date: _____

1st Emergency Contact: _____
Name Relationship to you

() _____ () _____ Email: _____
Home Phone Cell Phone

2nd Emergency Contact: _____
Name Relationship to you

() _____ () _____ Email: _____
Home Phone Cell Phone

Health Insurance Company: _____

Policy #: _____ Group #: _____

Do you have any medical conditions we should be aware of? Yes No
If yes, please describe:

Do you have any food or medication allergies? Yes No
If yes, please describe:

Do you take any prescription medications? Yes No
If yes, please list:

Do you have any special dietary requirements? Yes No
If yes, please describe:

Is your Tetanus shot current (good for 10 years)? Yes No

Do you have any concerns about this trip? Yes No
If yes, please describe:

Notes:

- Our policy regarding immunizations is to default to the recommendation of your family doctor, since they know best your medical and immunization history.
- For questions or information regarding vaccines and medicines, we recommend checking with the *Centers for Disease Control and Prevention* website at www.cdc.gov
- For international travel safety and alerts to any specified country, we monitor the *U.S. Department of State* website at www.travel.state.gov

Do you plan to obtain the funds necessary to cover the expense of this trip?

Yes No

Notes:

- A sample support letter and fundraising slips are made available for your use.
- In the event that your financial support would exceed the trip cost, all excess funds will be used to further ECC mission projects.

Have you ever been on an international mission trip? Yes No

If yes, where did you go and with what church or organization?

Do you speak any foreign languages? Yes No

If yes, what language(s): _____

Briefly explain why you feel God is leading you to go on this short-term trip.

Are there specific things you hope the Holy Spirit accomplishes in you and through you on this trip?

Are there skills, talents, spiritual gifts, trades, or service experiences that you have which may be especially helpful on this trip? (i.e.: music, teaching, first aid, construction, leadership, helps, etc.)

Are you a member or regular attender at ECC? Yes No

If not, what church are you involved with? _____

Are you part of an ECC Connect Group? Yes No

Leaders name: _____

List two fun facts about yourself that likely no one on your team would know about you:

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____

1/16/19

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