



Calvary Chapel Santa Barbara

Short Term Mission Application

Confidential Ministry Information (Please do not submit incomplete)

Submit APPLICATION with NON-REFUNDABLE DEPOSIT – Payment schedule is found on TRIP FLYER

RETURN TO: Calvary Chapel Santa Barbara, Attn: MISSIONS, 1 N Calle Cesar Chavez Ste. 21 Santa Barbara, CA 93103 or Email to: terry@calvarysb.com

Trip Destination: _____ Trip Dates: _____

PERSONAL INFORMATION

Today's Date: _____

Full Name (As it appears on your Driver's License; Govt. Identification):

Sex: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Cell Phone: _____ E-mail Address: _____

Driver's License/Gov. Identification Number: _____

Occupation: _____

Marital Status (Check Box): (M) (S) Name of Spouse: _____

Age(s) of Children: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Work Phone: _____

BASIC MEDICAL INFORMATION

Blood Type: _____ Known Allergies: _____

Prescription Medications: _____

Known Medical Problems: _____

Medical Insurance Agency: _____ Policy Number: _____

Phone Number: _____ International Number: _____

PASSPORT INFORMATION

Full Name (As it appears on your Passport): _____

Passport Number: _____ Expiration Date: _____

Country of Issuance: _____ Place of Birth: _____

PERSONAL QUESTIONS

Have you ever been on a mission trip before? _____

If yes, where and with whom? _____

What is your involvement with Calvary Chapel Santa Barbara? _____

Briefly describe how you came to know Jesus Christ as your Savior? _____

Please share the gospel message in your own words?

Do you call Calvary Chapel Santa Barbara your home church? _____

OUTREACH QUESTIONS

What are your gifts and abilities?

Are there specific skills that you have that could be helpful or useful on this trip?

First-aid Lifeguard Nurse Doctor Carpentry

Builder Cook Worship Sound Equipment

Sports Crafts Photography _____

_____ _____ _____