

OPEN TEAM MEMBER'S APPLICATION



This application should be completed by each applicant and returned to the CFCI office in Omaha as soon as possible. **Please print clearly, using black ink.** A non-refundable deposit of \$100 is required with application.

MINISTRY LOCATION/DATES:

General Information

Last Name:

First Name:

Address:

City:

State:

Zip:

Home Phone: ()

Work Phone: ()

Cell Phone: ()

Email:

Date of Birth:

Age:

Passport Number:

Sex:

Blood Type:

Marital Status:

Occupation:

Home Church:

Denomination:

Address:

City:

State:

Zip:

Phone: ()

Email:

Pastor:

Mission Coordinator:

Personal Information

1) Describe your personal relationship with Christ.

2) Describe your interests and hobbies:

3) Do you have any training/background/certification in any medical profession (i.e., doctor, nurse, EMT, WSI, physical therapy, ENT, etc.)?

4) Have you ever visited another country?

5) What cross-cultural experiences have you had?

6) What ministry gifts, talents or language skills do you have? How could these be used during your time with us? (For example, music, clowning, skits, mime, Bible study leader, etc.)

7) Do you give permission for CFCI to use photos in which you may appear for the purposes of public relations and/or promotional materials? Yes No

8) How did you hear about CFCI?

9) Do you have a criminal history or any former convictions? If Yes, please explain.
(Having a criminal history does not necessarily prohibit you from participating in a CFCI short-term mission trip. CFCI may contact you to discuss your situation.)

Yes No

Medical History

It is important that you are honest and complete with your medical history due to the environment in which you may be working.

1) List all medical problems for which you have received medical care in the past 12 months:

2) List any prescription drugs (and their generic names) which you are now taking:

3) List any history of major illness or surgery:

4) List any known allergies (**including food allergies**) or chronic life-threatening conditions:

5) List any known physical limitations and/or disabilities:

Insurance Information

CFCI will provide short-term travel insurance for the duration of your trip. You will receive an insurance card and access to a copy of the policy. Please read and sign the insurance disclaimer below.

I understand that the travel insurance policy purchased in my name will cover me in the event of many medical or crisis situations that may occur, however, I further understand that it is my responsibility to read the policy purchased for me and understand the limitations of said policy. CFCI will not be responsible for the actions and decisions of the insurance company from which my policy was purchased, for any situations in which I am unable to receive reimbursement, or for making any claims or providing any pre-notification in my name.

Signature of Team Member:	Date:
Signature of Parent or Guardian (if under the age of 21):	Date:

Emergency Information/ Liability Release

IN CASE OF EMERGENCY CONTACT:

Name:

Address:

City:

State:

Zip:

Relationship to Applicant:

Cell Phone:

Home Phone:

Work Phone

LIABILITY RELEASE FORM:

In being accepted and allowed to participate in CFCI activities associated with its programs and locations, I assume responsibility for my actions. I release CFCI, its Trustees, Employees, Missionaries and Agents from liability, loss, injury or damage to myself or my property. Nothing contained herein shall excuse CFCI, its employees, missionaries or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release CFCI, its Staff, Trustees, Employees, Missionaries, Agents and Sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity.

I attest to the fact that I am physically able to undertake this trip and am aware of no health considerations that would prevent my participation in any of the activities of this trip. In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with CFCI), as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed, advised, and supervised by a licensed physician, surgeon or dentist.

I have read the *U.S. State Department's Travel Advisory* (<http://www.travel.state.gov>) listing the potential safety hazards associated with travel to this country, and I accept the risks involved. I recognize that CFCI has fulfilled its responsibility to inform me of the specific risks of travel to this country and will not hold the organization responsible in the unlikely event that such a situation does occur.

Name of Applicant: (Please type or Print):	
Signature of Applicant:	Date:
Additional Signature of Parent/Guardian (if under the age of 18):	Date:

Please submit a personal reference from a pastor or church leader who knows you well and at least one other personal reference from a non-family member.

***Please send completed application to Christ For the City International
P.O. Box 241827
Omaha, NE 68124-5827***

If the participant is under the age of 18 the following must also be completed:

SHORT-TERM MISSION PARENTAL CONSENT FORM

Name of Minor (under 18 years):		
Address:		
City:	State:	Zip:
Phone:	Invited by:	

I give my permission for the above-named minor to participate with Christ For the City International (CFCI) on a short-term mission trip on the dates previously agreed upon. I understand that the cost (including project fees) covers food, local transportation, lodging and building materials but NOT airfare, insurance, souvenirs, personal items, or travel within the destination country not for the sake of completing the project.

I hereby release CFCI, its administrators, Board of Commissioners, employees, missionaries, agents or sponsors of this activity from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity who is affiliated with CFCI as my agent to consent to an x-ray exam; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the country where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Name of Natural Parent or Legal Guardian:	
Signature of Parent/Guardian:	Date:

OPEN TEAM POLICIES AND PROCEDURES

If you are interested in participating in a CFCI short-term mission trip, please read the following:

- ✓ You must submit this completed application AND a non-refundable \$100 deposit before your application will be processed and reviewed. Your check will be held until your application is accepted. Your check will be returned to you in the event your application is not accepted. Once you are a part of the team, the checks will be deposited immediately becoming non-refundable.
- ✓ By submitting this application to be a part of a CFCI short-term team, you acknowledge that you are personally responsible to pay for, or arrange funding for, your portions of the trip costs.
- ✓ No one will be considered or accepted as a team member until a completed application and references are received.
- ✓ Short-term mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- ✓ All trip costs are the team member's responsibility. Information will be provided on raising financial support; however, if full support is not raised, the balance is your responsibility. A team member who does not raise full support will not be permitted to participate on the trip.
- ✓ If you are unable to participate in your trip, the Team Leader must receive cancellation notice as soon as possible. You may be responsible for all trip costs. Monies put towards mission trips are contributions, and the Internal Revenue Service prohibits the refund of contributions.
- ✓ Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.

Steps to Planning a Safe Trip

Use this checklist as you prepare for your trip to help ensure that you stay safe and healthy while you are away.

- Read through state department website at www.travel.state.gov
 - Look for specific travel advisories on the country you plan to visit
 - Read through general safety and security information regarding what to do in the event of an emergency overseas
- Visit the Center for Disease Control website at www.cdc.gov to see what vaccinations are recommended or required for your destination country and what diseases or illnesses you may come into contact with while in-country
- Visit your doctor to determine if you are physically capable of taking the trip and get any necessary vaccinations
- Purchase a travel insurance policy for your trip
- Check with your phone company to determine if your cell phone will work in your destination country. If not, consider purchasing a calling card to carry on your person while in-country.
- If you are a minor, carry on your person at all times the minor release form signed and notarized by both parents
- Make copies of all important documentation including your passport, insurance card, and driver's license. Take a copy with you, leave one with your team's designated emergency contact, and ***attach one to your application form.***
- Carry with you copies, front and back, of any credit cards you will be taking with you