



Community & Children in Crisis, Inc.

Rev. Eddie Loftin • Area Representative
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Attach 2 identical recent photos (within last 3 months), 2x2", bottom of chin to top of hair, clear front view, full face, normal attire, NO uniform of any kind, NO dark glasses or hat, white background only, colorful clothes, photo prints ONLY, & NO snapshots.

Participant Information for Mission India 2010

Date of Project: August 2010

1st Time Participant Returning Volunteer

General Information

Mr. Mrs. Ms. Gender: Male Female

Name as on passport

Last _____ First _____ M.I. _____

Preferred name for tag _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email Address (Home) _____ (Other) _____

Occupation _____ Company _____ Title _____

Marital Status _____ Spouse's Name _____

I wish to depart from _____ in _____
(Airport Name) (City, State)

Passport Information:

Do you have a passport? Yes No

Passport Number _____ Expiration Date _____ Place Issued _____

* Please attach a copy of the information page of passport.
* If you have a valid India Visa, please attach a copy of it as well.

Emergency Contact: (Do not list someone who will be traveling with you)

Name and Relationship _____

Daytime Phone _____ Evening Phone _____

General Condition of Health:

Excellent Good Fair Poor

List any medical conditions that we need to be aware of or require special care; chronic diseases, drug allergies and prescription drugs you take. Attach a separate sheet if necessary.

Home church Information

Name _____

Address _____

City _____ State _____ Zip _____

Church Phone _____ Pastor's name _____

Church Service Please mark the boxes that describe your service.

- Staff Senior Pastor D.O.M. Evangelist Other _____
- Minister of Music Education Youth Other _____
- Teacher Adult Youth Children Preschool Other _____
- Other Lay Preacher Deacon Usher Committee Member

Music Ability

- Soloist Duets Ensemble Choir

List instruments that you play _____

Pastoral Endorsement

Please have a pastoral staff member of your church sign below. I recommend that this applicant represent Jesus Christ and our church on the mission field with Community & Children in Crisis, Inc. to do church-to-church partnership evangelism.

Pastor's Name _____ Pastor's Phone _____

Pastor's Signature _____

Testimony of Salvation and Call to Go

Tell us briefly about your salvation experience _____

Tell us briefly about your call and/or desire to serve in this evangelism project _____

Previous Mission Experience

List Country(ies), dates and type of work (evangelism, construction, medical, etc.) _____

Applicant Release

I understand and agree that Community & Children in Crisis, Inc. (CCC) and any of its employees, staff, coordinators, board, or other representatives assume no responsibility for the loss of property, damage to the same, personal harm, illness, or loss of life, that may occur during the execution of the volunteer mission project; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration for my admission to volunteer service and other good and valuable considerations, do hereby absolve CCC and it employees, staff, coordinators, board, and other representatives, and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

I understand that I will be under the policies CCC and my project coordinator and /or CCC staff. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that the breach of this contract will be cause for dismissal from the volunteer project and return home at my own expense.

I understand that foreign travel involves health, and safety risks. I understand that it is my sole responsibility to gather whatever information I need in order to assess the risk involved in any travel, stay or other activity related to a Community & Children in Crisis, Inc. mission.

Signature _____

Date ____ / ____ / ____

Parental Consent if under 18 years

Signature _____

Date ____ / ____ / ____

Personal Testimony

Please keep the testimony under 400 Words. Type (double-spaced), or neatly Print with Black ink (do not use blue ink or pencil).
If you can email your testimony to us, it would be beneficial. Email address: eddier@ameritech.net

Introduction (Name, city and state of residence) _____

Greeting and purpose of visit _____

My life before Christ _____

My Salvation Experience _____

Changes Christ made in my life _____