

Lutheran Church of the Cross
MISSION TRIP APPLICATION FORM

Mail your completed application to LCC: Mission Committee, 1701 8th St. SW. Altoona, IA 50009.

Please Print Clearly in Blue or Black Ink. Please note that all information will remain confidential but may be revealed in an emergency situation.
 All applications may be reviewed by our physician and we may ask for further information from your healthcare provider.

Today's date:			Trip Applying For:			
APPLICANT INFORMATION						
Applicant's last name: (List entire name as appears on passport)		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Employment:		Occupation:	
Home Address:			Home phone no.: ()	Cell phone no.: ()		
City:	State:	ZIP Code:	E-Mail Address:			
Home Church:	Church Address:			Church Phone: ()		
Pastor:			Denomination:			
EMERGENCY MEDICAL INFORMATION						
Allergies:			Current Medications (Please include dose & reason they were prescribed):			
Doctor:		Doctor's Phone: ()		Last Tetanus Shot:		
Person to Contact in an Emergency:		Relationship to Applicant:		Phone Numbers: Day: () Evening: ()		
Alternate Emergency Contact:		Relationship to Applicant:		Phone Numbers: Day: () Evening: ()		
TRAVEL DOCUMENT INFORMATION						
Do you have a passport? <input type="checkbox"/> No <input type="checkbox"/> Yes		Passport Country:		Where was it issued?		
Passport Expiration Date:		Passport Number:		Citizenship:		
City & State of Birth:			Country of Birth:			

Questions

Write your answers in the spaces provided. If you need additional space, continue on a separate sheet and attach it to this application.
 All information you provide will remain confidential but may be revealed in an emergency situation when medically necessary.

1. Have you ever traveled outside the US? _____
2. Have you ever been on a mission trip before? No Yes –Please list the mission trips you have taken: _____
3. How did you hear about this mission trip? _____

4. Do you have any medical conditions that could warrant special attention during a mission trip? No
 Yes- Please describe: _____

5. Have you had any medical problems in the last six months? No Yes- Please explain. _____

6. Are you currently on any medications? No Yes – If so what are they and what are they for?

7. Do you have any dietary limitations, such as: hypoglycemia, diabetes, etc)? No Yes: _____

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8. What skills and/or experience do you have that might be helpful on this mission trip? (Such as: construction, praying, nursing, optical, etc.) _____

9. Do you have any training/background/certification in any medical profession (i.e. doctor, nurse, R.Ph., EMT, PT, ENT, Chiropractor, etc.)? _____
*If you plan to use this training or certification, you must provide Lutheran Church of the Cross with a notarized copy of your license.
10. Do you know any foreign languages and if so which ones? _____

- Rate yourself 1-5 with 1 being barely enough to get by and 5 being fluent in:
Speaking? _____ Reading/writing? _____ Understanding? _____
11. Will you be raising funds for some or all of your expenses for this trip?
 Yes, all of it Yes, part of it Not sure No, none of it
12. Why do you want to go on this trip? _____

13. Describe for us your spiritual condition and/or tell us your faith story: _____

14. Is there any other information that we should know about (felony convictions, legal matters, etc.)?

15. Is your name listed on any sex offender registry in any state in the U.S.? No Yes

APPLICANT AGREEMENT

The information I have provided is true and complete to the best of my knowledge and I authorize Lutheran Church of the Cross to verify the authenticity of my statements with the appropriate authorities. I understand that this mission trip could be highly physically and spiritually demanding. In the event that I am accepted to be a participant in this mission trip, I commit to fulfilling the requirements and submit myself under the authority of the trip leaders. I understand that Lutheran Church of the Cross has taken efforts to ensure each team members' safety on the mission field but understand that unforeseen events could endanger team members beyond the control of Lutheran Church of the Cross. I will not hold Lutheran Church of the Cross liable for any accidents, injuries, or illnesses that occur on or due to a mission trip. I understand that at any time I feel uncomfortable with an activity the team is participating that I have the opportunity to decline my involvement. I agree to obtain travel insurance either through Lutheran Church of the Cross's provider or on my own. I authorize the trip leaders to seek emergency medical assistance for me as deemed necessary in the event of an emergency. Lutheran Church of the Cross may perform criminal background checks on applicants. I have read Lutheran Church of the Cross's Leadership Covenant and agree to the terms.

Signature _____

Date _____

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