



Calvary Chapel Santa Fe Springs
Loving the Lost to Life

12227 Florence Avenue • Santa Fe Springs, California 90670

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Calvary Chapel Short – Term Missions Application

Please note: submission of application does not constitute approval to attend this trip. We will contact you upon review of your application & receipt of reference forms.

General Information

Please list missions trip you are applying for _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Social Security # _____

Date of Birth _____ Sex _____

Marital Status _____ (if divorced, give explanation on separate sheet)

Employer/School _____ How long have you been employed? _____

Passport Number _____ Expiration Date _____

Emergency Contact _____

Phone _____

How long have you been a Christian? _____

If you are in a dating relationship with someone, is this person applying to come on a CCSFS mission's trip? If yes, please list name _____

Please check box if you have been involved with any of the following in the past year? Alcohol or Tobacco

Illegal drugs A cult or the Occult Gang related Activities

If you checked any box please explain _____

If you are single, are you sexually active? Yes No

How long have you been a committed part of the body at Calvary SFS? _____

Where did you fellowship before? _____

In what way, if any, are you serving? _____

Do you have any prior ministry training or experience? Briefly describe:

What previous missions' projects have you participated in? _____

On a separate sheet of paper, please answer the following in detail

1. Briefly describe your family life background.
2. Please give a one page personal testimony: your life before Christ, how you became a Christian, your life with Christ.
3. Give reasons for your desire to go to the mission field.
4. Are you willing to submit to the established leadership of the trip?
5. What does leadership mean to you?
6. List any talents, abilities, and hobbies. Also, circle any of the following that best describes you: Helper, Giver, Merciful, Singer, Prophet, Teacher, Compassionate, Intercessor, Evangelist, Leader, Visionary, Counselor, Missionary, Healer, Server, Discippler, Exhorter, Administrator, other.
7. What persons and / or books, magazines have influenced you most in your walk w/ Christ?
8. If you have any children, please list name, age, sex and grade in school. Are there any disabilities?
9. Have you ever been convicted of a crime before? Expelled from school? Served time in a juvenile detention center or jail? If yes, explain.
10. Please describe your present job situation (i.e. full or part-time, schedule, your position, name of employer, supervisor's name, address, phone number).

Medical History

Do you have or have you ever had: Diabetes Seizures Fainting Spells
 An Eating Disorder Respiratory Problems

Do you have any disability or disease that might affect your ability to fully function as a missionary?
Yes No If yes, please explain _____

Do you have any chronic illnesses or allergies? Yes No If yes, please explain _____

Are you presently under medication prescribed by a doctor? Yes No If yes, indicate medication and any limitations it may cause. _____

Have you ever had any psychiatric care or treatment? Yes No If yes, please explain _____

How would you describe your health and fitness: Excellent Good Average Poor

Education History

High School/Secondary or equivalent from which you graduated:

Name _____ Location _____

Year of Graduation _____

College/University/Vocational School/Seminary/Bible College attended:

Name _____ Location _____

Dates _____ Degree _____

Name _____ Location _____

Dates _____ Degree _____

Do you speak a language other than English? Yes No

If yes, what language(s)? _____

Please read the following Statement of Faith and sign below text:

Statement of Faith

We are a fellowship of believers in the Lordship of Jesus Christ. Our supreme desire is to know Christ and to be conformed to His image by the power of the Holy Spirit. We are not a denominational church, nor are we opposed to denominations as such, only their over-emphasis of the doctrinal differences that have led to the division of the Body of Christ.

WE BELIEVE that the only true basis of Christian fellowship is His love (agape) which is greater than any differences we possess, and without which we have no right to claim ourselves Christians (Romans 2:11; Ephesians 2:4).

WE BELIEVE worship of God should be Spiritual. We remain flexible and yielded to the leading of the Holy Spirit to direct our worship (John 4:23-24).

WE BELIEVE worship of God should be inspirational. WE give a great place to music in our worship (Ephesians 5:19).

WE BELIEVE worship of God should be intelligent. Our services are designed with great emphasis upon teaching the Word of God, that he might instruct us as to how He should be worshipped (Acts 20:27; Romans 12:1; James 3:17).

WE BELIEVE worship of God is fruitful. We look for His love in our lives as the supreme manifestation that we have truly been worshipping Him (1 John 3:14).

WE BELIEVE that there is one living and true God, eternally existing in three Persons: the Father, the Son, the Holy Spirit, equal in power and glory; that this triune God created all, upholds all, and governs all (Genesis 1:1; Matthew 28:19; John 10:30; Hebrews 1:3).

WE BELIEVE that all the Scriptures of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and that these are the infallible rule of faith and practice (2 Timothy 3:15; 2 Peter 1:21).

WE BELIEVE IN GOD THE FATHER, an infinite, personal Spirit, perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayers; and that He saves from sin and death all who come to Him through Jesus Christ (John 4:24; Matthew 5:48; 1 Peter 5:7; John 16:24; Hebrews 7:25).

WE BELIEVE IN JESUS CHRIST, God's only begotten Son, conceived by the Holy Spirit. We believe in: His Virgin birth, sinless life, miracles and teachings; His substitutionary atoning death, bodily resurrection, and ascension into heaven; His perpetual intercession for His people, and his personal, visible return to earth (John 10:33; Isaiah 7:14; Matthew 1:23; Luke 1:35; Hebrews 4:15, 7:26; John 2:11; 1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9; John 11:25; 1 Corinthians 15:4; Mark 16:19; Acts 1:11; Revelation 19:11).

WE BELIEVE IN THE HOLY SPIRIT, who came forth from the Father and Son to convict the world of sin, righteousness and judgment, and to regenerate, sanctify and empower in ministry all who believe in Christ. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an aiding Helper, Teacher and Guide. We believe in the present ministry of the Holy Spirit, and in the exercise of all Biblical gifts of the Spirit as reflected through the fruit of that same Spirit (John 16:8; Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).

WE BELIEVE that all people are sinners by nature and choice, and therefore, are under condemnation; that God regenerates by the holy Spirit those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit and with power for service, either at the time of, or subsequent to, regeneration (John 3:16-19, 5:24; Romans 3:23, 5:8-9).

WE BELIEVE in the universal Church, the living spiritual body of which Christ is the Head, and that all regenerated persons are members (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).

WE BELIEVE that the Lord Jesus Christ committed two Ordinances to the Church: 1) Baptism, and 2) The Lord's Supper. We believe in Baptism by immersion and in Communion open to all believers (Matthew 28:19; Acts 8:36-38; 1 Corinthians 11:24-26).

Signature of agreement

Date

Please Read Before Signing

The purpose of Calvary Chapel Santa Fe Spring's vision for Missions is to minister the gospel of Jesus Christ. Any sightseeing and shopping will be permitted only if it coincides with the team's purpose and may be cancelled if not deemed convenient or if it hinders ministry. Schedules, travel arrangements and trip prices are based on current research and are subject to change. CCSFS reserves the right to cancel or change a trip for any reason. CCSFS requires strict compliance with rules and regulations, including the rules concerning conduct, dress and Christian lifestyle. These regulations will be explained by your team leader. Failure by team members and team leaders to comply with CCSFS mission's policies is grounds for dismissal and may result in being sent home without refund or reimbursement. In the event that I am sent home for failing to comply with the rules and regulations set forth by CCSFS, I will be financially responsible for all costs incurred if such action is taken against me. Team members, leaders and staff serve at their own risk and CCSFS missions is not liable in the event of sickness, accident, death, terrorist acts, or for transportation and any other expense beyond normal involvement. I have read and understood the above information. The information I have given CCSFS is accurate and true to the best of my knowledge. I also give CCSFS the right to use my picture, voice, and testimony in any form of promotional or advertising materials. My enclosed signature (and the signature of my parent or legal guardian if I am under the age of eighteen) signifies my approval of all limitations listed above.

Signature of Applicant

Date

Signature of Guardian (if under 18)

Date

Calvary Chapel Santa Fe Springs

Confidential Medical Information Form

Please fill out this form completely and be sure to sign this application.

Name: Last: _____ First: _____ Middle: _____

Age: _____ Birth Date: _____ Email: _____

Phone: (H) _____ (W) _____

Sex: Male ____ Female ____ Height: _____ Hair Color: _____ Eye Color: _____

Physician's Name: _____ Phone: _____

Person to notify in case of illness/injury: Name _____

Relationship to Missionary: _____

Phone:(H) _____ (W) _____

Medical Insurance: United States, Name and Policy # _____

Global Health Ins., Name and Policy # _____

Please indicate below if you have, or have had at any time, any of the following symptoms or medical conditions:

1. Dizziness, loss of consciousness, recurring headaches or fainting Yes No
2. Eye, ear, nose, throat or sinus symptoms Yes No
3. Impairment of sight, hearing or speech Yes No
4. Chronic cough, coughing up blood, tuberculosis, or bronchitis Yes No
5. Low or high blood pressure Yes No
6. Sensitivities or allergies to any medications Yes No
7. Albumin, sugar or blood in urine, kidney stones Yes No
8. Muscle or joint problems, bursitis, sciatica Yes No
9. Knee, foot or leg injury/Problems Yes No
10. Benign or malignant growth or tumor Yes No
11. Frequent abdominal cramps or diarrhea Yes No
12. Claustrophobia, Agoraphobia or Acrophobia Yes No
13. Motion sickness (car, plane, etc.) Yes No
14. Frequent infection of the throat, tonsils, sinuses or ears Yes No
15. History of diabetes, thyroid trouble or bleeding problems Yes No
16. Allergic reactions to bee stings, bites or foods Yes No
17. Continued use of alcohol, drugs, cigarettes or medication Yes No
18. Special dietary restrictions Yes No

(OVER)

19. Have you ever had surgery? Yes No
20. Women: Do you have any abnormal menstrual problems,
Severe cramps, bleeding etc. which may hinder you while traveling? Yes No

If you answered yes to any of the above questions, indicate below a brief history of condition, medications being taken, dates of illness and whether the problem is still active today.

Question # _____ Details: _____

Question # _____ Details: _____

Question # _____ Details: _____

If you have had any of the following illnesses, indicate the year of occurrence in the space provided.

Appendicitis _____ Arthritis _____ Asthma _____ Chicken Pox _____ Colitis _____

Cystitis _____ Diabetes _____ Epilepsy _____ Convulsions _____ Gall Bladder _____

Hay Fever _____ Heart Disease _____ Hepatitis _____ Jaundice _____ Malaria _____

Measles _____ Mumps _____ Mononucleosis _____ Pleurisy _____ Pneumonia _____

Rheumatic Fever _____ Polio _____ Tuberculosis _____ Typhoid Fever _____ Ulcers _____

Venereal Disease _____

Please list any injuries, illness or disabilities not listed above. List date and problem.

Date: _____ Problem: _____

Date: _____ Problem: _____

Date: _____ Problem: _____

How would you evaluate your own health? Excellent Good Fair Poor

Date of last Tetanus immunization or booster: _____

Date of last Polio immunization or booster: _____

Date of last Measles/Mumps/Rubella immunization or booster: _____

Date of last chest X- Ray or TB Tine Test: _____

Date of last physical exam: _____

Date of your last dental exam: _____

Do you have any behavioral problems or habits that we should be aware of? _____

I, the undersigned, state that all of the above information is true to the best of my knowledge.

Signature: _____ Date: _____