



**Urban Plunge Application**  
**Christ For the City International**  
 ATTN: Hilary Jose  
 P.O. Box 241827 ♦ Omaha, NE 68124  
 402-592-8332 ♦ toll free 888-526-7551

**ADULT SMALL GROUP - URBAN PLUNGE - 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.**

PLUNGE CITY:   \_\_ Omaha       \_\_ Des Moines       \_\_ Sioux Falls       \_\_ Kansas City

TRIP DATE \_\_\_\_\_ Today's Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_ Employer/Occupation: \_\_\_\_\_

Home Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Small Group Pastor: \_\_\_\_\_ Senior Pastor: \_\_\_\_\_

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**Personal Information**

#1) Describe your personal relationship with Christ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#2) Describe your interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Emergency Information/ Liability Waiver (Must be completed and signed)**

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Applicant:  Spouse  Parent  Other: \_\_\_\_\_

Day Time Phone ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

**LIABILITY RELEASE FORM:**

In being accepted and allowed to participate in Christ For the City International (hereafter 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. 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 understand that CFCI does not carry insurance coverage for participants on this short-term mission trip.

Name of Applicant: (Please type or Print) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Additional** Signature of Parent/Guardian: (if under 18 years of age) \_\_\_\_\_

**If participant is under 18 years of age,  
the following form must ALSO be completed and signed:**

**PARENT/GUARDIAN CONSENT FORM:**

Name of Minor (under 18 years): \_\_\_\_\_ Age: \_\_\_\_\_

I give my permission for the above-named minor to participate with Christ For the City International (hereafter CFCI) on a short-term mission trip on the dates previously agreed upon.

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) 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: \_\_\_\_\_  
(Please type or print legibly.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_