



Return your completed application Feel free to make copies. Please type or print legibly.

Note: All people traveling to Mexico will need to obtain a valid passport

Personal Information

Name _____

Mr./Mrs./Miss/Ms. First Middle Last Nickname or preference

Current Address

Street address or P.O. box number

City State/Province Zip/Postal code Home Phone Daytime Phone _____

() E-mail _____ Social Security Number _____ - _____ -

Work Phone

Date of Birth ____/____/____ Country of Birth _____ Citizenship

Do you have a passport? ___Yes ___No Place of Issue _____ Expiration Date

Passport Number _____ Name on Passport

Emergency Contact _____

Name Relationship to you

Street Address City State Zip/Postal Code

() () _____ () Home
Phone Work Phone 2nd Contact Phone

General Information

Have you ever served with CCL before? Yes No
Where? _____

What length of program are you interested in?
 2 weeks 1 month 2 months Summer Other

How did you hear about this Mission?

What is your ministry preference ? _____

Family and Health Information

Marital Status: Single Engaged Married Widowed Separated Divorced* Remarried

*Please explain the circumstances of your divorce on a separate sheet of paper

If married or engaged, please give wedding date: ____/____/____ List ages of children

Check your answer for each of the following, giving a full explanation on another sheet for any marked "yes".

1. Are you taking medication under a doctor's direction? Yes No
2. Do you require a special diet? Yes No
3. Do you have any chronic health problems or physical limitations? Yes No
4. Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.? Yes No
5. Have you ever sought counseling (marital, depression or other)? Yes No
6. Have you ever received treatment for drug or alcohol dependency? Yes No
7. Have you had a blood transfusion, engaged in intravenous drug use, or had a homosexual encounter since 1980? Yes No

Education and Experience Information

What is your current occupation?

List any specialized skills, training or certifications.

What is the highest level of education you have attained?

What college, if any, did you attend/are you attending?

Major Purpose of Study

Foreign Language(s) _____ Years Studied _____

Verbal Ability: __ Beginner __ Understand some __ Able to respond sometimes __ Advanced __ Fluent

Briefly describe any overseas travel experience you have had

Have you raised financial support in the past? ___ Yes ___ No

If you are hesitant or unable to raise financial support through your church, will you have the means to pay for this project yourself? __ Yes __ No

Which Christian Organization(s), if any, have you applied to in the past?

What was the result?

Christian Life Information

List and comment on your three greatest personal strengths and weaknesses.

Strengths

Weaknesses

1.

1.

2.

2.

3.

3.

What do you feel that you can contribute to a team by way of abilities or talents:

- Children's Ministries Medical/Health Youth Ministry Teaching Evangelism Preaching
 Music Drama Construction Office Administration Technical Training Micro-business
 Women's Ministry Other _____

Have you discovered what spiritual gift(s) God has given you? If so, how has this been demonstrated?

Briefly describe any Christian ministries you have been or are currently involved with. _____

Answer the following on a separate sheet of paper.

8. What are your regular habits of prayer?
9. How and when did you come to know Christ personally? (About a page.)
10. What differences, if any, do you have with CCL's Statement of Faith?
11. In 50 words or less, what do you hope to gain from this missions project?
12. What other factors not reflected in this application do you feel CCL should be aware of in evaluating your application?

References

To assist us in evaluating your application, we need references from people who know you well. Please provide us with names of appropriate individuals and forward the enclosed reference forms to them. Do not list relatives.

Pastor/Elder

Name _____
Mr./Mrs./Miss/Ms. First () Last Title
Street Address City State Zip Code Phone

Christian Friend Name

Mr./Mrs./Miss/Ms. First () Last Title
Street Address City State Zip Code Phone

Employer/Teacher

Name _____
Mr./Mrs./Miss/Ms. First () Last Title
Street Address City State Zip Code Phone

Statement of Faith

WE BELIEVE...

the Bible to be the only inspired, infallible, and authoritative Word of God.

WE BELIEVE...

that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.

WE BELIEVE...

in the deity of Jesus Christ; in His Virgin Birth; in His sinless life; in His miracles; in His vicarious and atoning death through His shed blood; in His bodily resurrection; in His ascension to the right hand of the Father; and in His personal return in power and glory.

WE BELIEVE...

that for the salvation of lost and sinful humanity, regeneration by the Holy Spirit is essential, and that repentance from sin and acceptance of Jesus Christ as Lord and Savior is the only way to come into a relationship with God.

WE BELIEVE...

in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. We further believe His power and gifts are available to believers today.

WE BELIEVE...

in the resurrection of both the saved and the lost: those who are saved unto the resurrection of life, and those who are lost unto the resurrection of damnation.

WE BELIEVE...

it is important to uphold the scriptural practices of the early church. Therefore, we hold to the practice of water baptism and the regular taking of Communion. We do not believe that either of these practices is essential for salvation, but that they serve as a demonstration of our living faith in Christ.

I agree with Calvary Chapel Life's Statement of Faith

Signature

Date

Checklist

Before mailing your application have you:

- ____ Signed and mailed out the reference forms and checked the disclosure/non-disclosure blank on each form?
- ____ Completed and attached all essay questions on a separate piece of paper?
- ____ Attached a recent photo?
- ____ Read the Statement of Faith and signed indicating you agree?

Mail completed application to:

Calvary Chapel Life

Short-term Missions

8192 Terry Drive

Huntington Beach, CA 92647

Phone: (714) 714-745-8616