

**THE CHAPEL at CROSSPOINT**  
**Costa Rica Missions Trip March 10-18, 2012**  
**APPLICATION**

**Cost: \$1650.00 per person plus spending money (approx. \$100.00)**  
**\*\*\*Non-Refundable Deposit \$250.00 due with application**

**Name:** \_\_\_\_\_  
(Please print NAME as it appears on Passport. NO NICKNAMES.)

**PASSPORT:** Date of Issue: \_\_\_\_\_ Passport # \_\_\_\_\_

*\*\*\*Please include 3 photocopies of your passport name page\*\*\**      **T-Shirt Size** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer/Phone:** \_\_\_\_\_

Please answer the following questions honestly:

**1. Why do you want to go on this trip? What are you hoping to accomplish?**

\_\_\_\_\_  
\_\_\_\_\_

**2. Are you a Christian? Briefly summarize your spiritual journey & relationship with God. Describe your personal devotional habits (i.e. 'quiet time') to strengthen that relationship**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What strengths/weaknesses do you bring to the team?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Describe how you deal with uncertainty & change. How would you rate your flexibility & adaptability? How well do you take instructions/follow leadership?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Do You Speak a Foreign Language? Y/N Please list:** \_\_\_\_\_

**6. How does your immediate family feel about you going on a short-term missions trip?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Do you regularly use or are addicted to:**  Tobacco  Alcohol  Other (please specify)?  
(Please elaborate & indicate how this will be handled while traveling with the team)

\_\_\_\_\_

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8. Have you been on a previous mission team? Please explain.

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Do you attend the Chapel? \_\_\_\_\_ If so, how long? \_\_\_\_\_ If not, where do you attend?  
Phone: \_\_\_\_\_

Please list below three (3) people that we may contact who have known you at least two years and who know your ministry abilities as well as your strengths and weaknesses. These should be from outside your family, and at least one person should be in a ministry position at The Chapel or your home church. All information must be recent.

1. Name: \_\_\_\_\_ Phone(day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Known since: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone(day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Known since: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone(day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Known since: \_\_\_\_\_

I, \_\_\_\_\_, have answered all of the questions honestly and as completely as possible. I have read, understand, and agree to the Covenant/Release form and the Requirements for attending this trip. I will, to the best of my ability, fulfill the expectations of being a short-term missionary and ambassador of Jesus Christ. (2 Corinthians 5:20).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Participant is under 18 years of age)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return this complete application and deposit to: THRIVE Missions, The Chapel, 500 CrossPoint Pkwy, Getzville, NY 14068.

“...I have voluntarily become a servant to any and all...” 1 Corinthians 9:19

## ADULT MEDICAL RELEASE FORM

**Name:** \_\_\_\_\_  
(Please print NAME as it appears on Passport. NO NICKNAMES.)

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

**Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Date of birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Sex:**  M  F **Marital Status:**  Single  Married  Divorced  Widowed

**Physician:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Polio shots up to date ( Y / N )

Do you have any history of:  Asthma  Epilepsy/seizures  Diabetes  A Handicap  Kidney Problems

frequently upset stomach  Lung Problems  Heart Problems  other \_\_\_\_\_

Please indicate any pertinent information we should have concerning any medical problems you may have had or have: \_\_\_\_\_

Are you allergic to any form of medication or food? NO \_\_\_\_\_ YES, what kind: \_\_\_\_\_

Please give us the following information concerning your insurance protection:

A. Insurance Company \_\_\_\_\_

B. Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please give names and telephone numbers of two people to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**By signing below I agree to the following:** SCORE International has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold SCORE International responsible for sickness or accidents which may occur while on the trip. I realize that I am responsible for providing medical insurance.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(If Participant is under 18 years of age)*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL CONSENT FORM**

I/We, \_\_\_\_\_ and \_\_\_\_\_,  
parents of \_\_\_\_\_ give our permission to SCORE International to  
travel to \_\_\_\_\_ on these specified dates, \_\_\_\_\_  
with our child/children. The team leader / chaperone that will act as the responsible party for our child /  
children while on this trip is \_\_\_\_\_.

Parent Name (Printed): \_\_\_\_\_

Parent Name (Signed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_

Parent Name (Signed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

**THESE SIGNATURES MUST BE NOTARIZED**

\_\_\_\_\_, Notary Public

My Commission Expires \_\_\_\_\_

SEAL

County \_\_\_\_\_ State \_\_\_\_\_

