

# CORNERSTONE

*Touches the World*



## APPLICANT REQUIREMENTS

**Ultra-Short Mission Trip** - If you are interested in one of these trips, please contact Chris Russell in the Missions Department at 810-494-4043 or email [eyzonheaven@comcast.net](mailto:eyzonheaven@comcast.net).

**Mission Trips Stateside** – Please see trip description for requirements.

**Mission Trips Abroad** – In order to participate on one of these trips, ordinarily we require that you have experience participating on a Mission Trip Stateside prior to participating on a Mission Trip Abroad. For additional requirements, please see trip description.

- Everyone interested in a Cornerstone EPC mission trip must complete a STM Trip Application found below. Applications are also available at the Front Desk or at the Missions Area in the Celebration Center. Cornerstone EPC Missions reserves the right to determine availability and suitability of applicants. Applications can be submitted to the Front Office, attention Chris Russell/Missions Department or emailed to [eyzonheaven@comcast.net](mailto:eyzonheaven@comcast.net).
- If you are not a regular attender to Cornerstone, a letter of recommendation from your current pastor is required with your application.
- Once selected, all mission trip participants are required to attend several team training meetings prior to the trip. These meetings will be scheduled as a group once it has been selected. **Non-refundable trip deposits are to be turned in at the first team meeting.** Further guidelines will be shared by your trip leader at your first team meeting.
- All support monies received toward a mission trip are **nonrefundable** and will be used for the purpose of the Cornerstone mission trip you have applied for. If a participant chooses not to go on the trip, all monies received on his or her behalf will go toward the overall team expenses.
- Updated trip details can be found at [www.cornerstoneforlife.com/missions](http://www.cornerstoneforlife.com/missions).

Questions? Please contact Chris Russell in the Missions Department 810-494-4043 or email [eyzonheaven@comcast.net](mailto:eyzonheaven@comcast.net).

**CORNERSTONE EPC**  
**SHORT-TERM MISSION TRIP APPLICATION**

**SHORT-TERM MISSION TRIP (Required Information)**

Which short-term mission trip are you interested in attending?

Location?

Date?

**PERSONAL INFORMATION (Required Information)**

**NAME:**

Male  Female

Date of Birth:

Mailing Address:

Telephone Numbers Home:

Cell:

Work:

Email Address:

Marital Status: Single  Married  Divorced  Widowed

If married, spouse's name:

If married, is your spouse supportive of you applying for this trip? Yes  No

If no, please explain:

Names and ages of children under the age of 10 if a Family Mission Trip (children age 10+ need to fill out their own application):

In case of emergency, please notify:

Relationship:

Mailing Address:

Telephone Numbers Home:

Cell:

Work:

Email Address:

**The following information is needed ONLY for a Missions Trip Abroad and/or working with minors trip.  
(Required Information)**

Social Security #:

Driver's License #:

Country of Citizenship:

Country of Birth:

Do you have a passport? Yes  No

If yes, please provide the following:

Passport #:

Name as it appears on your Passport:

Date Issued:

Expiration Date:

**NOTE: The information on this page will be kept on file for two years and is not required (unless an update is needed) for each short-term mission trip applied for in that period of time.**

**CHURCH INVOLVEMENT**

Are you a member and/or regular attender of Cornerstone EPC? Member  Regular Attender  No

If a member and/or regular attender, for how long? Member \_\_\_\_\_ Regular Attender \_\_\_\_\_

If no (\*), with which church are you a member and/or regular attender and for how long?

\*NOTE: A letter of referral is required from your pastor.\*

Please list the ministries with which you have been involved. (Please list time of involvement, any leadership positions held, and the organization/church which was responsible for the ministry.)

**EMPLOYMENT/VOLUNTEER HISTORY**

Please list your employment experience below, beginning with the most recent.

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Please list your volunteer experience (formal community service and/or volunteer organization service):

**SPIRITUAL PROFILE**

How have you come to know Christ personally?

How long have you been a believer?

In your opinion, what are your strengths (character traits, abilities, gifts)?

In your opinion, what are your weaknesses?

**REFERENCES**

**(Please provide an email address where a reference form can be sent to each person listed if required.)**

**Spiritual Mentor/Leader**

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

Relationship: \_\_\_\_\_

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

Phone Numbers \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**Friend/Co-Worker (Non Relative)**

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

Relationship: \_\_\_\_\_

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

Phone Numbers \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**MOTIVATION FOR PARTICIPATING ON THIS SHORT-TERM MISSION TRIP (Required Information)**

Why are you interested in short-term missions at this time?

List your specific reasons for believing God may be leading you to this specific opportunity.

What are your desires/hopes for yourself and your ministry?

How would you describe your walk with Christ this past year?

Do you have a daily devotional and/or prayer time? Daily Devotional  Daily Prayer Time

In a team environment, are you more of a leader, a follower, or both? Leader  Follower  Both

Please give a brief explanation:

Is there anything in your life that could be called into question or jeopardize your ability to minister cross culturally on a team (i.e. immoral relationship, substance abuse, excessive debt, police record, pornography, etc.)? Yes  No

If yes, please explain:

**MISSIONS EXPERIENCE (Required Information)**

Please list previous missions experience:

Include country, church, mission organization, dates of trip/project, ministry.

- 1.
- 2.
- 3.

Please indicate any skills, talents, and/or Christian service experience that you feel may be helpful on the field.

**HEALTH INFORMATION (Required Information)**

How would you describe your present health? Excellent  Good  Average  Poor

Please state any major illnesses you have had in the last five years.

Please list any medications you are currently taking:

Please list any **ALLERGIES** you have:

Primary physician's name:

Phone number:

Are you presently under the care of a physician? Yes  No

If yes, please explain:

**COMMITMENT (Required Information/Initial each sentence if you agree.)**

If selected to be a part of the listed Cornerstone EPC short-term mission trip, I make a commitment to:

1. Go through the training process prior to departure and after I return from the trip.
2. Conduct myself in a manner worthy of the Lord while serving Him on this trip.
3. Submit to the authority of the team leader(s) and the host on the field and to outlined team policies.
4. Refrain from any behavior which may compromise my witness (i.e. abusive language, drug use, etc.).
5. If at any time while on this trip my behavior constitutes a problem, the team leader(s) has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.
6. I will turn in the required trip deposit at the first team meeting.
7. I will send out financial support/project support letters and/or prayer support letters as directed by the short-term trip's leader(s).

Signature:

If under 18 years of age, parent or guardian signature required:

Date:

**PLEASE RETURN THIS APPLICATION TO Chris Russell/Missions Department via the Front Office or email completed application to [eyzonheaven@comcast.net](mailto:eyzonheaven@comcast.net).**

**If you have any questions, please contact Chris Russell in the Missions Department at #810-494-4043 or [eyzonheaven@comcast.net](mailto:eyzonheaven@comcast.net).**

**OFFICE USE ONLY**

Date application received:

Applicant approved for listed trip by STM Trip Coordinator? Yes  No

If no, reason?

Date application provided to Trip Leader(s):

Applicant approved for listed trip by Trip Leader(s)? Yes  No

If no, reason?

Is a conference needed with applicant? Yes  No

If yes, date of meeting, person(s) involved in the meeting, and outcome?

Date Deposit Received:

Cash:                      Check:

3/9/2016-CMR