

## MISSIONS

### APPLICANT REQUIREMENTS

- To participate in a Cornerstone EPC mission trip, you must complete a Mission Trip Application. Applications are available at [cornerstoneforlife.com/mission-trips/](http://cornerstoneforlife.com/mission-trips/) or at the Missions Area in the Celebration Center. Please email completed applications to [arose@cornerstoneforlife.com](mailto:arose@cornerstoneforlife.com) or submit to the Church Office, attention Amy Rose. Cornerstone EPC Missions reserves the right to determine availability and suitability of applicants.
- 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 meetings prior to the trip. Team meetings will be scheduled as a group once it has been selected. Further guidelines will be shared by your trip leader at your first team meeting.
- All mission trip participants age 18 and above will be required to complete a full Background Screening Application.
- 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).

If you have questions or need additional information, please contact:

Amy Rose | [arose@cornerstoneforlife.com](mailto:arose@cornerstoneforlife.com) | 810-494-4034

**CORNERSTONE EPC  
MISSION TRIP APPLICATION**

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

Male  Female

Date of Birth: \_\_\_\_\_

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

Phone - Home: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_

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

Do you have a passport? Yes  No

Which mission trip are you interested in participating?

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed

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

If no, please explain:

If applying for a family mission trip, please provide the names and ages of children participating under the age of 10 (children age 10+ need to fill out their own application):

Are you a member or regular attender of Cornerstone EPC? Yes  No

If yes, for how long? \_\_\_\_\_

If no (\*), which church do you attend? \_\_\_\_\_

For how long? \_\_\_\_\_

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

Briefly share your story, including when and how you came to know Jesus:

How would you describe your relationship with Jesus in the last year?

Have you had any previous missions experience? Yes  No

If yes, please describe:

Why do you want to go on this mission trip?

What do you hope to get out of this experience?

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

In your opinion, what are your weaknesses?

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 serve on this team (i.e. immoral relationship, substance abuse, excessive debt, police record, pornography, etc.)? Yes  No

If yes, please explain:

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:

In case of emergency, please notify: \_\_\_\_\_

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

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

Phone - Home: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_

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

Primary physician's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

If yes, please explain:

### **REFERENCES**

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

#### Spiritual Mentor/Leader

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

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

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

Phone - Home: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_

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

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

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

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

Phone - Home: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_

If selected to participate in a Cornerstone EPC 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), the host on the field and the 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 as directed by the team leader(s).
7. I will send out financial support letters and/or prayer support letters as directed by the team leader(s).

Signature: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_

Please email completed applications to [arose@cornerstoneforlife.com](mailto:arose@cornerstoneforlife.com) or submit to the Church Office, attention Amy Rose.

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

4/27/2018-ADR