



Portage Community Chapel Repeat Short-Term Missions Trip Application

This application is only for those people who have already participated in at least one PCC sponsored mission trip. The information you provide is completely confidential and will be read only by the mission directors and pastoral staff. For PCC mission trips, all applications will be reviewed and a decision made on team members based on personal qualifications and trip objectives. Completing the application does not ensure participation.

Please clearly print your information

Personal:

Full Legal Name as shown on state ID or Driver's License:

Do you have a current passport? Yes ____ No ____

If different, name as shown on Passport _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Mobile phone _____

Email Address (current and checked at least weekly) _____

Date of Birth _____ Are you a U.S. citizen? _____

Marital Status: Single ____ Engaged ____ Married ____

Widowed ____ Separated ____ Divorced ____

Present Employer: _____ Years worked: _____

Job Title or type of work: _____

Education:

High School attended and year of graduation: _____

If you are a student now, name of school you attend: _____

Anticipated year of graduation and what degree: _____

If a college graduate, name of college or university: _____

Major field of study: _____ Year graduated: _____

Other schooling or training: _____

Return application to:

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Emergency Contact Please list two names, in order of contact preference

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone _____ Evening Telephone _____

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone _____ Evening Telephone _____

Date of PCC membership _____ Date you received Christ _____

Do you agree with the PCC doctrinal statement? Yes _____ No _____

List areas of ministry at PCC in which you are or have been involved in the past. What are/were your responsibilities? Please start with most recent.

Ministries	Current?	Responsibilities
_____	Y N	_____
_____	Y N	_____
_____	Y N	_____
_____	Y N	_____
_____	Y N	_____

Name of a pastor or ministry leader as a character reference: _____

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Information about this Short-Term trip:

Name of trip sponsor (PCC or other organization) _____

Mission Agency or organization _____

Total cost per person \$ _____

Destination: _____ Dates of trip: _____

Purpose of trip: _____

Are you requesting congregational financial support for this trip? _____

If this application is related to a mission trip outside PCC, please give the name, address, and other pertinent information about the organization where gifts should be sent. Include all information given to you about how and where to send it, such as a personal or trip account number, one has been assigned to you. Please print the information in the space below or attach additional information as necessary.

Important:

You are responsible to investigate to your own satisfaction any of the conditions listed below or any other condition that may apply to you prior to going on this trip.

1. Medical care and facilities could be below U.S. standards and not readily accessible.
2. Prescription medications are sometimes not readily available in other countries. Some medications do not pass customs inspections.
3. Some countries have poor climate conditions such as dust, heat, cold, humidity. Some countries have poor hygiene conditions such as water, food, inspection, sanitation.
4. Some cross-cultural travel can cause uncertainty and stress. Therapy or psychological treatment might not be readily available.
5. Some insurance policies cease coverage outside of the state or the U.S.
6. Certain allergies and dietary problems might not be easily accommodated.
7. While we take every precaution to comply with the U.S. State Department alerts regarding safe travel, world events are changing rapidly and uprisings cannot always be predicted.

All team members **must** have current medical insurance coverage. Members are responsible for checking with their insurance provider to see if their policy provides travel coverage, especially travel outside the U.S. If you need international coverage, please talk to the missions' director.

I have current medical insurance coverage. Yes _____ No _____

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1. Why do you want to be a part of this mission project? What do you hope to accomplish or help to accomplish on this trip?

2. Choose two gifts or talents you have and explain how you think they might be used by the Lord on this ministry trip.

3. What experience have you gained in previous mission trip(s) that you feel God might use on this trip?

By signing this application, I understand that my participation on this trip is voluntary. I will hold PCC harmless in the event of sickness, accident or injury both during and after the trip. I affirm the information given is true to the best of my knowledge. I further understand that PCC provides no insurance coverage and assumes no liability of any sort for this trip.

If approved, I understand I am making a firm commitment to this trip: a spiritual commitment, a commitment of time, and one of finances. If for whatever reason I decide not to follow through on this commitment I am still responsible to meet the trip's financial cost. I should not expect to receive a monetary refund of any kind.

I understand that participants are asked to refrain from drinking alcohol and smoking for the duration of the short-term mission trip. Our primary purpose is to serve the Lord and to reach others with the Gospel.

If PCC approves financial support for you for this trip, by your signature, you agree not to approach the general congregation for additional financial aid. It is acceptable to ask family and close friends. Any questions should be forwarded to the mission directors, Tim and Rebecca Miller.

Signed: _____

Date: _____

Return application to:

Portage Community Chapel 6490 St. Rt. 14 Ravenna, OH 44266 Attn: Tim & Rebecca Miller

or email to becka_miller@portagechapel.com