

CCIC BELIZE SHORT TERM MISSIONS TRIP APPLICATION

DATES OF TRIP: July 3 - July 13, 2015, LOCATION: Belize City, Belize

"But Jesus called them (children) to him, saying, "Let the children come to me, and do not hinder them, for to such belongs the kingdom of God. Truly, I say to you, whoever does not receive the kingdom of God like a child shall not enter it." (Luke 18:16-17)

Basic summary of trip:

Belize is a Central American country where many Chinese and Taiwanese immigrated to in the past 30 years. While some families moved away after staying there for a few years, many stayed and raised their families in Belize. In Belize City, in particular, there are two Chinese churches that have been trying to share the gospel and care for the general Chinese community. However, there has always been a shortage for co-workers who can steadily care for the Chinese children population. This problem is observed not only in Belize City but also in other rural villages, such as Punta Gorda, Dangriga, and Caye Caulker. When our mission core team started to brainstorm what we can do for the Belize-Chinese community, ministering to the Chinese kids came to our minds. After all, Jesus also called the little children to come to Him and to receive the kingdom of God (Luke 18:16-17). Therefore, by partnering with a local Chinese church (Holy Oil Assembly of God), we would like to bring a set of programs to introduce to the Chinese kids (age 5-12) who Jesus is, what He has done for them, and how they can grow spiritually. We will travel to different cities and villages and bring the gospel to children who have never heard about the Gospel before.

After reading the basic summary of the trip, if you feel like God is calling you to join on this missions trip, please take some time to fill out this application as honestly and completely as possible. Applications must be submitted to Katty Lu by January 16, 2015. If you have any questions about the application or the trip, please contact Pastor Ed at ed.jiang@ccic-iowa.org. Once we have received and reviewed all applications, we will contact you regarding your acceptance to the team.

Basic Requirements *(Please place a check mark next to each statement acknowledging that you have read it)*

- I am entering 11th grade or above in Fall 2015
- (If under the age of 18), I have received parent approval and signature below
- I will commit to attending all training sessions. Absences must be cleared with Mission Trip Leadership Team
Training dates (subject to change): Feb 21, March 14, April 25, May 16, May 30, and June 13
- I will participate in all fundraising events.
- I will write and send out support letters (this will be discussed at our first meeting)
- I will adhere to all deadlines including financial deadlines. All participants must abide by the deadlines for registration and pay a deposit fee of \$50 upon approval of my application, which will go towards the cost of the mission trip
- If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I will forfeit my deposit fee, unless approved by the Mission Trip Leadership Team
- If I raise an amount of money that exceeds my needs, remaining money will be dispersed to other team members in need.
- If inappropriate behavior and/or breaking of any team covenant policies occur, you may not be able to participate in any further activities and will be sent home at the earliest time possible
- If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from the missions trip as a disciplinary action, none of the money raised will be refunded to me or any donors.

I have read the above and agree to the above policies, rules, and terms.

Printed Name

Signature

Date

For those under 18:

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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Full Name: _____

Birthdate: ___/___/_____ Email Address: _____

Cell Number: (_____)_____ - _____ Home Number: (_____)_____ - _____

1. Why would you like to participate on this missions trip?

2. What are your goals/expectations for this trip?

3. On a separate piece of paper, write your testimony (your decision to follow Christ, your current relationship with God, what Christ has done in your life). Please attach to this application form. **500-1,000 words*

4. Explain your understanding of the gospel.

5. How have you been growing spiritually in the past year?

6. Describe your devotional life and present relationship with the Lord. What helps you keep this relationship fresh and alive on an ongoing basis?

7. Have you been on any other mission trips before? If so, please describe.

8. Have you had any experience in sharing your beliefs with others/lead someone to Christ? Explain.

9. Is your family supportive of you going on this mission trip?

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Personal Information:

First Name: _____ Last Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____)_____-_____-_____ Cell Phone: (____)_____-_____-_____

Email address: _____ Date of birth: ____/____/____

Allergies: _____ T-shirt size (please circle) S, M, L, XL

Are you a U.S. Citizen? _____

Do you speak other languages fluently? If so, please list: _____

Current status

___ High school student ___ College student ___ Grad school student ___ Career/unemployed

Full name as it appears on Passport: _____ Country of Issuance: _____

Passport Number: _____

Passport Issue Date: ____/____/____ Passport Expiration Date: ____/____/____

***You need to have a passport, valid for at least 6 months AFTER the end of the trip.
If you do not yet have a passport, you need to apply for one as soon as possible.***

Emergency Contact

Emergency Contact Full Name: _____ Relationship: _____

Emergency Contact Number: (____)_____-_____-_____

Emergency Contact Email: _____

For minors (under 18):

I, _____ (parent/guardian), give permission for my minor child to participate in CCIC's Belize Short-Term Mission Trip and also give my permission for the leaders of the trip to acquire emergency medical and/or dental care in the event that they should need it for the duration of the trip in the country and while traveling.

Parent/Guardian Name

Signature

Date

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Medical Information and release form

Insurance Information

Insurance Company: _____ Phone: (_____) _____ - _____

Address: _____

Group/Policy # _____ Plan ID # _____

Please attach a copy of both sides of your insurance card

Health Information

Please describe your general health and any health conditions you have or are treated for:

List any allergies (food, medicine, environment, insects, etc) and type of reaction you have:

Are you able to walk at least one mile and able to carry your own bags? _____ If no, please explain:

Name of Primary Care Physician: _____ Telephone: (_____) _____ - _____

Current Medications (both prescription and over the counter):

Medication	Dose & Frequency	Reason for Medication

**Use separate sheet if needed*

Please put a check mark next to any of the following you have a history of:

Diabetes _____ Heart trouble _____ Fainting _____ Asthma _____ Epilepsy _____

Physical disability _____ High Blood Pressure _____ Bee/wasp reactions _____

List any medical, First Aid or CPR Training & Dates: _____