

Short Term Missions Trip Application

Cedar Run Community Church

Email to missions@cedarrun.net

Name: _____

Phone: _____ Email: _____

Mission trip dates: _____ Destination _____

Organization (if other than CRCC) you are going under _____

Organization's Website _____ Phone # _____

How long have you been attending Cedar Run? _____

Dates of Trip _____ Destination _____

What specifically will you be doing? _____

How did you become a Christian?

Why do you want to go on this trip?

What do you consider to be your primary spiritual gift(s) and how do you see yourself serving on this team?

Do you need financial support for this trip?

If yes, what is the cost and what are you requesting from Cedar Run? _____

What is the total cost of your trip? _____ How much have you raised to date? _____

Emergency contact: _____ Relation to you _____

Contact's Phone: _____ Contact's Cell: _____

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If approved, where specifically should funds be mailed? _____

____ I have read and agree with Cedar Run's Statement of Belief.

____ I have checked that my medical insurance coverage is valid for this trip or will purchase adequate coverage. (NOTE: Cedar Run does not provide insurance)

____ I will be responsible for all vaccinations needed for this trip

____ I will be a team player and respect the decisions of the team leader

____ I agree to provide a summary of my trip when I return home.

Signature

Date

Signature of parent (if applicant under 18)

Date

For Cedar Run Use Only:

Received by Missions Committee by: _____ date _____

Recommendation _____

Comments: