



Date Turned In \_\_\_\_\_  
With \$50 Deposit \_\_\_\_\_

**Information and Application for 2012 Summer New Orleans Mission Trip**

All application **must be legible** and as **complete as possible**. (Applications will not be processed unless the required letter of recommendation is attached for non-4CFXBG applicants.)

Specific Mission and Dates 2012 Summer New Orleans Mission Trip – 6/10-16/2012 \_\_\_\_\_

**APPLICANT:** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

What Church are you a member in good standing of if not Christ Covenant? \_\_\_\_\_

Please provide 4CFXBG several digital photos of you for communication purposes.

Tell us about your church participation with another congregation of believers, if 4CFXBG is not your church home.

Describe your interest in going on this trip.

Please give a brief testimony as to how you came to faith in the Lord Jesus Christ.

Have you been through 4CFXBG’s SevantHeart Training Seminar?  
What do you believe is your greatest strength?

What do you believe is your greatest weakness?

What do you believe would be the area in which you could make the biggest contribution to this mission?

How do you personally hope to grow spiritually through participation in this mission?

How will you prepare yourself both physically and spiritually for this mission?

What prior mission projects have you participated in?

**MEDICAL:** The following information is of vital importance for the team leaders to know in the case of an emergency.

Do you have any physical disabilities?

Do you take any medication regularly? If so, please list and explain.

List any known allergies.

Is your tetanus current? \_\_\_\_\_ Approx date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature(s) of Parents or Guardians if applicant is under 18 years old.

\_\_\_\_\_ Date \_\_\_\_\_