



# Georgetown Christian Reformed Church

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## Mission Trip Application Form – Initial Stage 1 Application

Short-term missions work can take many forms, but it will always connect back to the mission of the church.

When we participate in short-term missions projects, we show love and care for others and commit ourselves to fulfill the Great Commission to proclaim the good news of Jesus Christ and advance the Kingdom of God in word and deed for the transformation of lives and communities.

Engaging in short-term missions trips is in keeping with our church's vision statement: "Equipped to Love and Serve" and our theme Bible verse "we are God's handiwork, created in Christ Jesus to do good works..."

Ephesians 2:10

### MISSION TRIP DETAILS

Mission Trip Location: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Apartment/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Sex: M  F

### HEALTH & SAFETY INFORMATION

Participants must check with their family physician to receive recommended inoculations/medication for destination(s) and to confirm that their medical history and/or pre-existing medical conditions do not prevent them from safely travelling to or from those destinations, while at those destinations, and while participating in proposed travel activities.

Each participant is required to have international travel health insurance with no exclusions for travel destination(s) or for known pre-existing medical conditions.

If you are aged 18 and over - are you willing to have a security check (police check) and provide a copy to Georgetown CRC? Yes  No

## PERSONAL TESTIMONY

Are you a Christian? Yes  No

Please describe your spiritual journey:

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What has led you to consider being a part of this mission team at this time?

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What do you feel you would bring to a cross-cultural team experience?

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## CHURCH INFORMATION & REFERENCES

Home Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How long has the above church been your home church? \_\_\_\_\_

Please provide a reference from your Pastor or Church Leader plus one other non-family member:

Reference # 1: Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Reference # 2: Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## WORK EXPERIENCE & SKILLS

Work Experience: Are you currently employed? Yes  No  If so, please complete the following:

Current Occupation: \_\_\_\_\_

What are some of your current responsibilities at your place of work?

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Have you had any previous experience in any of the following areas? If yes, please indicate your level of expertise by placing a number (1-5) in the blank next to the category, where (1) = done this once before; (3) = being capable; (5) = having professional abilities.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Carpentry   | <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Drama           |
| <input type="checkbox"/> Cabinetry   | <input type="checkbox"/> Automotive           | <input type="checkbox"/> Worship Leading |
| <input type="checkbox"/> Dry Walling | <input type="checkbox"/> Cooking              | <input type="checkbox"/> Teaching        |
| <input type="checkbox"/> Painting    | <input type="checkbox"/> Sewing               | <input type="checkbox"/> Secretarial     |
| <input type="checkbox"/> Tiling      | <input type="checkbox"/> Arts & Crafts        | <input type="checkbox"/> Bookkeeping     |
| <input type="checkbox"/> Masonry     | <input type="checkbox"/> Still Photography    | <input type="checkbox"/> IT/Computer     |
| <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Video Photography    | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Electrical  | <input type="checkbox"/> Singing/Instrumental | <input type="checkbox"/> Sports          |
- Other (please list): \_\_\_\_\_

**MINISTRY EXPERIENCE:**

Current volunteer involvement and brief description of your role:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is this your first mission trip? Yes  No

If not, please list some of the other mission teams in which you have participated:

Year	Church or Agency	Key Purpose of Trip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly elaborate on one of these previous trips (your experience and how it impacted you):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TEAM TRAINING AND ORIENTATION**

Effective trips require preparation, both spiritually and in practical terms. Participants must make every effort to attend all team training and orientation sessions. If a team member is unable to attend all sessions, the missions trip team leader will determine if the team member can be permitted to participate in the project.

## PRAYER SUPPORT

I am prepared to recruit three prayer partners to pray for me daily during the preparation stages and while I am away, so that I am well supported in my goals to accomplish the necessary tasks, and to grow spiritually from this experience:

Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

## AGREEMENT & SIGNATURE

I declare that this information is true and up to date at the time of signing. I will keep Georgetown Christian Reformed Church informed of any changes pertaining to the above information. If I am unable to participate in the trip for any reason, I will notify the team leader promptly.

I give permission to the persons named to supply references on my behalf. I waive the right to see reference responses, and give permission for my application and reference information to be shared with appropriate team leaders to approve my application. These documents will be treated as confidential and shared on a need-to-know basis.

I am willing to raise funds to pay for the cost of my trip, and to assist in raising adequate support to cover additional team costs (will be explained by the team leader during the training).

I agree to remain with the team throughout the full trip, including travel to/from the country.

I will abide by Georgetown Christian Reformed Church's guidelines on conduct and security as appropriate for this trip.

An International Volunteer Informed Consent and Release of Liability Waiver form, customized for the trip, will be reviewed with and signed by each participant and participant's parent/guardian (for youth team members are 17 years of age and younger).

My signature below confirms that I have read and agree with these statements.

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

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

**Once accepted, team members will be asked to complete a Final Stage 2 Mission Trip Application Form, where passport, date of birth, emergency contact and medical information are collected.**

**If you have any questions about this application, please contact:**

**Georgetown Christian Reformed Church 905-877-4322**