

# CORNERSTONE CHURCH OF AUGUSTA

## Short Term Mission Team 2010 Application

This application is for all persons considering a short-term missions trip under Cornerstone Church of Augusta. This application does not obligate you to go on a mission's trip nor does it obligate Cornerstone Church of Augusta to accept you as a team member. A follow-up letter will give final notification of acceptance. Please complete and **return** this **application** along with a **\$25.00** application fee (non-refundable if accepted; refundable if not accepted) to 1156 Tinkling Spring Road, Staunton, VA 24401. Make checks payable to Cornerstone Church of Augusta.

NAME: (give your **OFFICIAL** name as it appears on your drivers license, passport or birth certificate)

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

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: M or F      MARITAL STATUS: Married    Widow    Single    Divorced

PHONE: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATION: (Highest Degree/Diploma Earned) \_\_\_\_\_

MINISTRY INTEREST: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Evangelism          | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Medical Ministry     |
| <input type="checkbox"/> Spiritual Warfare   | <input type="checkbox"/> Youth Ministry      | <input type="checkbox"/> Drama                |
| <input type="checkbox"/> Worship Ministry    | <input type="checkbox"/> Cell Ministry       | <input type="checkbox"/> Economic Ministry    |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Construction        | <input type="checkbox"/> Business Development |
| <input type="checkbox"/> Women's Ministry    | <input type="checkbox"/> Agriculture         | <input type="checkbox"/> Teaching             |

Other: \_\_\_\_\_

LANGUAGE SKILLS: (List all foreign languages you speak and rate your fluency in each)

- |          |           |      |      |
|----------|-----------|------|------|
| 1. _____ | Excellent | Good | Fair |
| 2. _____ | Excellent | Good | Fair |
| 3. _____ | Excellent | Good | Fair |
| 4. _____ | Excellent | Good | Fair |

DO YOU HAVE A VALID PASSPORT:  Yes  No

If yes, please give your passport number: \_\_\_\_\_

**REFERENCES:**

PASTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CELL LEADER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CELL MEMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PHYSICAL HEALTH:**

1. My current physical health is (check one):

- Excellent    Good    Fair    Poor

2. Have you had any surgeries, illnesses, or other physical problems in the last year?  
(Explain)

3. List any regular prescription drugs you are currently taking and explain for what purpose.

4. List any additional physical conditions that may affect your ability to perform at 100% while on a mission's trip.

**SHARE YOUR PERSONAL TESTIMONY CONCERNING YOUR RELATIONSHIP WITH JESUS CHRIST: (Past & Present)**

**LIST PREVIOUS MISSION EXPERIENCES: (When, Where and What)**

**PLEASE STATE THE REASON(S) WHY YOU WOULD LIKE TO GO ON A SHORT-TERM MISSIONS TEAM.**

**HOW DO YOU SEE YOURSELF SUPPORTING AND/OR CONTRIBUTING TO A SHORT-TERM MISSION TEAM'S SUCCESS ON THE FIELD?**

**WHAT FEARS OR CONCERNS DO YOU HAVE REGARDING A SHORT TERM MISSIONS ASSIGNMENT?**

**SUPPORT-RAISING COVENANT:**

- I agree to write and send out support letters requesting prayer and financial support.
- I agree to participate in fund raising events planned by my mission team.
- I agree to take responsibility for personal funds not raised through fundraising efforts.
- I'm planning to fund all/part of my trip in the amount of \$\_\_\_\_\_.

**\*\*\* By signing below you are agreeing that all information submitted is accurate and that you are accepting the terms of the support-raising covenant.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_