

APPLICATION FOR SHORT-TERM MISSION TRIPS: **FOR MINORS** (Under 18 years of age)

Trip Name _____ Trip Dates: _____

Before completing this application, please verify:

FOR APPLICANT:

I've read, understand, and agree to comply with all Cuyahoga Valley Church Mission policies.

Signature of applicant/Date Signed _____

FOR PARENT OR GUARDIAN:

I've read, understand, and agree to comply with all Cuyahoga Valley Church Mission policies.

I am giving approval for my son or daughter to participate on this mission trip.

Signature of Minor's Parent or Guardian/Date Signed: _____

A. PERSONAL INFORMATION

For International Trips:

Full Name: _____
Exactly as it appears/will appear on your passport

Passport #: _____ Date of Issue/Expiration Date: _____

Please refer to trip specific Mission Overview for visa requirements.

Full Name: _____ Date: _____

Check One: CVC Member Regular Attender Other (explain) _____

Is this your first CVC mission trip? Yes No

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home _____ Work: _____ Cell: _____

E-mail: _____

Age: _____ Date of Birth: _____ Male Female

Citizenship: _____ Country of Birth: _____

Father's Name: _____ Father's Phone Number: _____

Mother's Name: _____ Mother's Phone Number: _____

In Case of Emergency, please notify: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home _____ Work _____ Cell _____

Please do not overlook: *List below a beneficiary for the accident insurance:*

Beneficiary Name: _____ Relationship: _____

B. MISSION EXPERIENCE

Please list any recent (within 3 years) mission experience you have had. We're just looking for some highlights, not a comprehensive listing.

City/State or Country	Mission Organization	Dates	Type of Activity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. MINISTRY INVOLVEMENT

Church Membership: Yes No If yes, where? _____

How long have you been a member? _____

Please list the ministries that you have been recently been involved in at your church (within the last 24 months). (Please include time of involvement and any leadership positions held): _____

Please list any ministries with which you have been involved outside your church in the last 24 months. (Please include time of involvement and any leadership positions held.): _____

D. REFERENCES

Provide two references. Ideally, the first reference should be a department director in a ministry in which you serve. If not available, a church pastor may be a reference. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses. If you are under 18 years of age, one reference can be a parent. Blank reference forms are in this packet.

Have your completed reference forms mailed directly to:

Cuyahoga Valley Church
5055 E. Wallings Road
Broadview Hts., OH 44147
Attn: Missions Coordinator (or email to missionscoordinator@cvconline.org)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____

How Long Known: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____

How Long Known: _____

Please do not overlook the info below:

Have you or your minor child going on this trip ever been accused or convicted of a crime at any time? Yes No

Has anyone ever accused you or your minor child going on this trip of sexual misconduct or child abuse? Yes No

E. MEDICAL INFORMATION

Applicant's Name _____

Health Insurance Company / Policy Number: _____

Policy in the Name of: _____

Be sure to attach a legible copy of your health insurance card (front & back).

How would you describe your present health? Excellent Good Average Poor

Last tetanus shot: Date: _____ **OR** Not sure

Please state any major illness(es) or injuries that may affect your working on this trip:

Are you presently being treated by a physician? Yes No If yes, please explain.

Name, address, and phone number of your personal primary physician:

Please list any medications you are now taking: _____

Please list any allergies you have: _____

Name, Address and Phone Number of your dentist:

For international trips: Please be sure to refer to your Mission Overview for specifics on vaccination requirements with regard to your trip destination. You may also visit <http://wwwnc.cdc.gov/travel>.

F. PERMISSION TO BE TREATED

Check all to which you consent:

Call my doctor: Doctor's Name: _____ Phone: _____

Treatment at nearest available hospital/medical facility

Treatment by doctor and/or hospital/facility at the discretion of the trip leader

Parent or Guardian Signature / Date Signed _____

I do not give my consent for emergency medical treatment.

Parent or Guardian Signature / Date Signed _____

NOTE: IF VOLUNTEER IS UNDER THE AGE OF 18, THIS SECTION MUST BE SIGNED BY THE MINOR, BOTH PARENTS AND GUARDIANS.

Volunteer Signature/Date Signed _____

Signature of Minor's Parent or Guardian/Date Signed _____

Signature of Minor's Parent or Guardian/Date Signed _____

G. PERSONAL TESTIMONY

Please share your salvation testimony (700 words or less) in the space below (or attach a copy). Please include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Use these statements as a guide in writing out your testimony:

(1) your life before making a commitment to Christ; (2) how you came to know Christ personally; (3) how Jesus has changed your life.

CVC Skills Inventory

Applicant's Name:	Home Phone No.:	
Address:	E-mail Address:	Cell Phone No:

1. Occupation _____

2. Please indicate the areas you have interest in by checking the 1st box. Please indicate the areas you have experience in by also checking the 2nd box. Example: Have interest in Have both interest and experience in

Arts

- Drama
- Instrument _____
- Singing
- Other _____

Child Care

- Babysitting infants (0-24 months)
- Babysitting toddlers (25-48 months)
- Babysitting young children (4-10 yrs.)
- Babysitting special needs
- Other _____

Clean Up

- Chain saw
- Damage Assessment
- Demolition
- General labor
- Mud out
- Other _____

Construction

- Carpentry
- Clean Up
- Concrete work
- Drywall
- Electrical
- Flooring (installing carpet)
- Flooring (installing vinyl)
- Flooring (installing wood)
- Gutters and downspouts
- HVAC
- Landscaping
- Painting (exterior)
- Painting (interior)
- Plumbing
- Roofing (flat)
- Roofing (sloped)
- Siding (aluminum)
- Siding (vinyl)
- Wallpapering
- Yard work
- Circle your max. working ladder height 6'/24'/36'
- Other _____

Food Service

- Clean up
- Cooking
- General prep/set up
- Other _____

Medical/Dental

- CPR certified
- Dentist
- Doctor (type) _____
- First Aid certified
- Medical Assistant
- Nurse (type) _____
- Other _____

Languages/Interpreter

- French
- Spanish
- Signing
- Other _____

Teaching

- Grades _____
- Grades _____
- Sign language
- Special needs
- Adults
- Seniors
- Sports _____
- Other _____

Safety/Security

- Fireman
- Lifeguard
- Police
- Other _____

Software competency

- Access database
- Excel spreadsheet
- Powerpoint
- Word
- Other software _____

Office / Administration

- Accounting
- Business
- Communications (writer)
- HAM radio license
- General
- Legal
- Paperwork
- Purchasing
- Other _____

Transportation

- CDL license Class _____
- CDL license Bus endorsement
- General Drivers License
- Mechanic
- Other _____

Sound/Technical

- Lighting
- Sound
- Still photography
- Video
- Other _____

3. List any certifications or licenses you have.

4. Additional comments

Date Form Completed: _____

PARTICIPATION AGREEMENT

Risk Assumption Form For Short-Term Volunteer Missions

In consideration for participation in Cuyahoga Valley Church short-term mission trips, I agree to release, discharge, and hold harmless Cuyahoga Valley Church; their employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in a foreign or domestic territory.

I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks.

I also agree to be directed by and responsible to the designated mission leadership for the project.

I agree to accept all risks subject only to any insurance coverage that may be available to me.

I attest that I have no medical condition that would prevent me from performing my duties.

I have carefully read and understand the contents of this "Participation Agreement" and sign this release as a voluntary act of my free will.

I hereby authorize Cuyahoga Valley Church or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

This is a legal document and I understand that I have the opportunity to consult with an attorney before signing it. This agreement shall remain in force until I rescind it in writing and that rescinding is signed by an officer of the church and is filed at the church office.

(Signature of Participant)

(Date)

If volunteer is a minor, the parents or legal guardians must sign:

Confidential

CVC Mission Trip Reference Form

Trip Name: _____

Trip Date: _____

Please return completed form by: _____

To be completed by the person filling out this reference. Send completed reference to: Cuyahoga Valley Church, 5055 E. Wallings Road, Broadview Hts., OH 44147, Attn: Missions Coordinator or email to missionscoordinator@cvconline.org.

Applicant's Name:		Home Phone No.:	
Address:	E-mail Address:	Cell Phone No:	

Please be as objective as possible in your evaluation of the applicant. This reference will be most valuable to us when completed as honestly as possible by someone who knows the applicant well. Leave the item blank if you cannot answer it. Please be assured that your reply will be kept confidential.

Your Name:		Phone:	
Your Address:	City:	State:	Zip:
In what capacity have you known the applicant? <input type="checkbox"/> Pastor <input type="checkbox"/> Supervisor/Professor/Teacher <input type="checkbox"/> Other _____ <input type="checkbox"/> Student Minister <input type="checkbox"/> Community/Life Group Leader <input type="checkbox"/> Friend		How long have you known the applicant? Years _____ Months _____	
How well would you say you know the applicant? Surface <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Well			
What level of communication have you had with the applicant in the last year? <input type="checkbox"/> None <input type="checkbox"/> Surface <input type="checkbox"/> Personal <input type="checkbox"/> Very Personal			

1. Check any traits listed that characterize the applicant

- | | | |
|--|---|---|
| <input type="checkbox"/> Impulsive
<input type="checkbox"/> Friendly
<input type="checkbox"/> Mature
<input type="checkbox"/> Flexible
<input type="checkbox"/> Argumentative
<input type="checkbox"/> Extrovert
<input type="checkbox"/> Introvert
<input type="checkbox"/> Relates well to other races/cultures | <input type="checkbox"/> Often needs emotional support
<input type="checkbox"/> Self-starter
<input type="checkbox"/> Moody
<input type="checkbox"/> Low self-esteem
<input type="checkbox"/> Sensitive and caring
<input type="checkbox"/> Pleasant to be with
<input type="checkbox"/> Shy, reserved
<input type="checkbox"/> Follower | <input type="checkbox"/> Quick-tempered
<input type="checkbox"/> Lazy
<input type="checkbox"/> Constantly complaining
<input type="checkbox"/> Easily discouraged
<input type="checkbox"/> Uses inappropriate humor
<input type="checkbox"/> Has respect of others
<input type="checkbox"/> Shares faith naturally
<input type="checkbox"/> Leader |
|--|---|---|

2. Check the areas of ministry you believe the individual would serve BEST in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction
<input type="checkbox"/> General labor
<input type="checkbox"/> Office/Admin.
<input type="checkbox"/> Food Prep
<input type="checkbox"/> Teaching
<input type="checkbox"/> General child care | <input type="checkbox"/> Medical ministry
<input type="checkbox"/> Preschool ministry
<input type="checkbox"/> Children's ministry
<input type="checkbox"/> Youth ministry
<input type="checkbox"/> Collegiate ministry
<input type="checkbox"/> Sports | <input type="checkbox"/> VBS/Day camp
<input type="checkbox"/> Evangelism
<input type="checkbox"/> Drama ministry
<input type="checkbox"/> Vocal ministry
<input type="checkbox"/> Other _____ |
|---|--|--|

3. Please place a check in each box that describes the applicant. You may check **more than one box**, if necessary. Leave blank if you cannot answer.

PERSONAL RELATIONSHIPS		
1. Peer relationships <input type="checkbox"/> Very popular <input type="checkbox"/> Make friends easily <input type="checkbox"/> Slow to make friends <input type="checkbox"/> Generally avoided	2. Family Relationships <input type="checkbox"/> Healthy and supportive <input type="checkbox"/> Healthy but not supportive <input type="checkbox"/> Dysfunctional but supportive <input type="checkbox"/> Dysfunctional and not supportive	3. Social Relationships <input type="checkbox"/> Socially adept <input type="checkbox"/> Well mannered <input type="checkbox"/> Average <input type="checkbox"/> Awkward in social situations <input type="checkbox"/> Avoid social relationships
4. Relationships w/opposite sex <input type="checkbox"/> Relates well <input type="checkbox"/> Feels at ease <input type="checkbox"/> Sensitive/Considerate but awkward <input type="checkbox"/> Insensitive/insecure	5. Interpersonal relationships <input type="checkbox"/> Overbearing <input type="checkbox"/> Outgoing, friendly <input type="checkbox"/> Average <input type="checkbox"/> Reserved <input type="checkbox"/> Loner	
EMOTIONAL MATURITY		
6. Response to stress/pressure <input type="checkbox"/> Copes well <input type="checkbox"/> Adapts slowly <input type="checkbox"/> Dominates situation or people <input type="checkbox"/> Becomes overly critical of others <input type="checkbox"/> Withdraws socially or emotionally	7. Self-assurance <input type="checkbox"/> Confident <input type="checkbox"/> Average <input type="checkbox"/> Needs encouragement <input type="checkbox"/> Insecure	

SPIRITUAL MATURITY	
8. Application of Bible knowledge <input type="checkbox"/> Much <input type="checkbox"/> Average <input type="checkbox"/> Little	9. Level of Spiritual maturity <input type="checkbox"/> Mature and consistent <input type="checkbox"/> Growing; showing signs of maturity <input type="checkbox"/> Demonstrates spiritual immaturity <input type="checkbox"/> Maturing Christian; fairly consistent <input type="checkbox"/> Up and down; inconsistent spiritual experience
WORKING WITH OTHERS	
10. Ability to work with supervisors <input type="checkbox"/> Independent worker; able to take directions and go <input type="checkbox"/> Cooperative in most situations <input type="checkbox"/> Rebellious spirit; likes to do his or her own thing	11. Working relationships <input type="checkbox"/> Works well with others <input type="checkbox"/> Has average ability to work with others <input type="checkbox"/> Sometimes has difficulty interacting w/others <input type="checkbox"/> Has problems relating to fellow workers
12. Supervisory needs <input type="checkbox"/> Needs little close supervision, only direction <input type="checkbox"/> Does well with regular, routine supervision <input type="checkbox"/> Needs accountability and encouragement to accomplish tasks/goals <input type="checkbox"/> Needs excessive supervision	13. Ministry setting <input type="checkbox"/> Could work alone <input type="checkbox"/> Needs a partner or team <input type="checkbox"/> Could serve in either setting
14. Communication skills <input type="checkbox"/> Clear, confident in communicating <input type="checkbox"/> Average in ability to communicate <input type="checkbox"/> Unable to communicate clearly	
LEADERSHIP	
15. On a team of two to four people, this person would likely be: <input type="checkbox"/> The leader <input type="checkbox"/> A self-starting team member <input type="checkbox"/> A supportive team member <input type="checkbox"/> A low-initiative follower	16. When conflict arises, this person generally responds with: <input type="checkbox"/> Peacemaking <input type="checkbox"/> Confrontation <input type="checkbox"/> Withdrawal/Avoidance <input type="checkbox"/> Openness to resolving conflict <input type="checkbox"/> Lack of cooperation <input type="checkbox"/> Defensive/Critical attitude
17. Applicant's involvement in a local church <input type="checkbox"/> Very involved; participates frequently <input type="checkbox"/> Somewhat involved; participates occasionally <input type="checkbox"/> Involved; participates regularly <input type="checkbox"/> Not actively involved	
18. Applicant's ability to use good judgment working under stress, especially with children and/or youth <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Please share with us the following on the applicant:

Top three strengths:
1.
2.
3.
Top three challenges (weaknesses):
1.
2.
3.

Are there any hesitations or reservations about the applicant's participating on this mission trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____
Has the applicant ever given you any reason to believe that he or she could pose a risk of physically or sexually abusing a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____
If you were going on a mission project, in what role would you want this person on your team? <input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Peer <input type="checkbox"/> Would not want to be on a team with this person	

Additional Comments:	
Signature:	Date:

Confidential

CVC Mission Trip Reference Form

Trip Name: _____

Trip Date: _____

Please return completed form by: _____

To be completed by the person filling out this reference. Send completed reference to: Cuyahoga Valley Church, 5055 E. Wallings Road, Broadview Hts., OH 44147, Attn: Missions Coordinator or email to missionscoordinator@cvconline.org.

Applicant's Name:		Home Phone No.:	
Address:	E-mail Address:	Cell Phone No:	

Please be as objective as possible in your evaluation of the applicant. This reference will be most valuable to us when completed as honestly as possible by someone who knows the applicant well. Leave the item blank if you cannot answer it. Please be assured that your reply will be kept confidential.

Your Name:		Phone:	
Your Address:	City:	State:	Zip:
In what capacity have you known the applicant? <input type="checkbox"/> Pastor <input type="checkbox"/> Supervisor/Professor/Teacher <input type="checkbox"/> Other _____ <input type="checkbox"/> Student Minister <input type="checkbox"/> Community/Life Group Leader <input type="checkbox"/> Friend		How long have you known the applicant? Years ____ Months ____	
How well would you say you know the applicant? Surface <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very Well			
What level of communication have you had with the applicant in the last year? <input type="checkbox"/> None <input type="checkbox"/> Surface <input type="checkbox"/> Personal <input type="checkbox"/> Very Personal			

2. Check any traits listed that characterize the applicant

- | | | |
|---|--|---|
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Often needs emotional support | <input type="checkbox"/> Quick-tempered |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Self-starter | <input type="checkbox"/> Lazy |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Moody | <input type="checkbox"/> Constantly complaining |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Sensitive and caring | <input type="checkbox"/> Uses inappropriate humor |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Pleasant to be with | <input type="checkbox"/> Has respect of others |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Shy, reserved | <input type="checkbox"/> Shares faith naturally |
| <input type="checkbox"/> Relates well to other races/cultures | <input type="checkbox"/> Follower | <input type="checkbox"/> Leader |

2. Check the areas of ministry you believe the individual would serve BEST in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Medical ministry | <input type="checkbox"/> VBS/Day camp |
| <input type="checkbox"/> General labor | <input type="checkbox"/> Preschool ministry | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Office/Admin. | <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Drama ministry |
| <input type="checkbox"/> Food Prep | <input type="checkbox"/> Youth ministry | <input type="checkbox"/> Vocal ministry |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Collegiate ministry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General child care | <input type="checkbox"/> Sports | |

3. Please place a check in each box that describes the applicant. You may check **more than one box**, if necessary. Leave blank if you cannot answer.

PERSONAL RELATIONSHIPS		
1. Peer relationships <input type="checkbox"/> Very popular <input type="checkbox"/> Make friends easily <input type="checkbox"/> Slow to make friends <input type="checkbox"/> Generally avoided	2. Family Relationships <input type="checkbox"/> Healthy and supportive <input type="checkbox"/> Healthy but not supportive <input type="checkbox"/> Dysfunctional but supportive <input type="checkbox"/> Dysfunctional and not supportive	3. Social Relationships <input type="checkbox"/> Socially adept <input type="checkbox"/> Well mannered <input type="checkbox"/> Average <input type="checkbox"/> Awkward in social situations <input type="checkbox"/> Avoid social relationships
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15. On a team of two to four people, this person would likely be: <input type="checkbox"/> The leader <input type="checkbox"/> A self-starting team member <input type="checkbox"/> A supportive team member <input type="checkbox"/> A low-initiative follower	16. When conflict arises, this person generally responds with: <input type="checkbox"/> Peacemaking <input type="checkbox"/> Confrontation <input type="checkbox"/> Withdrawal/Avoidance <input type="checkbox"/> Openness to resolving conflict <input type="checkbox"/> Lack of cooperation <input type="checkbox"/> Defensive/Critical attitude
17. Applicant's involvement in a local church <input type="checkbox"/> Very involved; participates frequently <input type="checkbox"/> Somewhat involved; participates occasionally <input type="checkbox"/> Involved; participates regularly <input type="checkbox"/> Not actively involved	
18. Applicant's ability to use good judgment working under stress, especially with children and/or youth <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Please share with us the following on the applicant:

Top three strengths:
1.
2.
3.
Top three challenges (weaknesses):
1.
2.
3.

Are there any hesitations or reservations about the applicant's participating on this mission trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____
Has the applicant ever given you any reason to believe that he or she could pose a risk of physically or sexually abusing a child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____
If you were going on a mission project, in what role would you want this person on your team? <input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Peer <input type="checkbox"/> Would not want to be on a team with this person	

Additional Comments:	
Signature:	Date:

MISSION TRIP APPLICATION CHECKLIST FOR MINORS

(Please keep this and a copy of your completed application for your records.)

Use this document to be sure you have completed all needed and requested information.

You are encouraged to keep a copy of all records for your personal files. *If you go on more than one mission trip this year, you can simply copy this application and turn it in a second time. No need to complete a brand new application.*

Application Checklist

- Trip Application
- Copy of Health Insurance Card
- Reference Forms (2) sent out to references
- Personal Testimony
- Skills Inventory
- Participation Agreement

For international trips:

- Current passport
- Vaccinations *(please refer to Mission Overview)*

Questions about the application: **Call Elena Golsch, 440.746.0404, ext. 210**

Send completed package to: **Elena Golsch, Mission's Coordinator
Cuyahoga Valley Church
5055 E. Wallings Road
Broadview Hts., OH 44147**

Reference forms may be mailed directly to CVC by the person completing the document.

After the trip is completed:

- Thank you notes to your donors
- Trip de-briefing *(How I saw God at work on the trip and in my life...)*