Cornerstone Fellowship
Short Term Mission Trip Application

Dates of Trip- From: _____ To: _____

Mission Field: _____ Your Phone Number: _____

Your Email Address: (Please print clearly) _____

❒Mr ❒Mrs ❒Dr ❒ Miss	Passport Name (Last) (First) (Middle)		
Address	City	State	Zip
Date of Birth	Passport #	❒Male ❒Female	Married? ❒Yes ❒No
Children? ❒Yes ❒No			
Current or Most Recent Employer (if student, name of school)	Position Held (Year in School)		
Specific Passions:	Foreign Language Spoken 1. _____ ❒ Limited ❒Fluent 2. _____ ❒ Limited ❒Fluent		
Previous Mission Trip Experience? ❒ Yes ❒No If so, where and when? 1. _____ 2. _____ 3. _____			
Church Name	Church Phone #	Member Since	
Address	City	State	Zip
Emergency Contact Name	Phone #	Relationship	

I will refrain from using any alcohol or tobacco while serving as a missionary for Cornerstone Fellowship.

Signature _____

On the back of this form, please articulate your story: who you were before Jesus, how you came to know Him, and your life now.

On the back of this form, please include a bried description of your call and passion for this mission trip.

On the back fo thei form, please include your obejective for this missiontrip.

Adult T-Shirt Size: S ____ M ____ L ____ XL ____ XXL ____

Approved at February 23, 2014 Church Business Meeting