MY TESTIMONY

NA	ME DATE				
Suggested points to include:					
•	What was my life like before I met Jesus Christ? (What were my needs? What got me interested in God?)				
•	How did I come to know Jesus Christ as my Savior? (Who was I with? When did this happen? What did I say to God?)				
•	What is my life like with Christ now? (What needs does Jesus meet? How is my life different? How is my faith growing?)				
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CCBC MISSIONS PROJECT APPLICATION FORM

PROJECT NAME			
PROJECT LEADER.			
PROJECT DATES	TODAY'S DATE		
NAME (as on passport)			
ADDRESS		wine and the second	
CITY	STATE	ZIP	
DATE OF BIRTH	MALE OR FEMALE		
HOME PHONE	WORK PHONE		
EMAIL	CE	LL PHONE	
Note: Missions volunteers are highly encouraged to pro	ovide an email address for timely notifica	tion of ministry news, changes, etc.	
STATUS: Youth College Single Married	YOUR OCCUPATION		
IF MARRIED, NAME OF SPOUSE			
PASSPORT NUMBER		· · · · · · · · · · · · · · · · · · ·	
If you do not have a passport for international projects the trip and trip preparations. Do not hesitate to take		sible in order to possess a valid passpo	rt in time for
HAVE YOU EVER BEEN ON A MISSION PROJECT?_			
CHURCH RECOMMENDATION (for non-CCBC me	mbers) : The		Church
wholeheartedly recommends the applicant to Cathis volunteer project.	andies Creek Church as sound in his/b	ner faith and spiritually equipped t	o serve on
Signature of Pastor		Date Signed/	_/
CHURCH ADDRESS	ADDRESSPHONE		
CITY	STATE	ZIP	
I understand that I will be responsible for any coupon cancellation. The training meetings for this entire team. I commit to faithfully attend all me	osts that the church has incurred, in is mission project are critical for the s	cluding airline tickets purchased in spiritual unity and physical prepara	n my name
Signature		Date Signed / /	

HEALTH HISTORY

YO	UR NAME		
NA	ME OF YOUR PERSONAL PHYSICIAN		PHONE
YO	R BLOOD TYPE CAN YOU DONATE BLOOD?YESNO		
PL	EASE LIST ANY MEDICAL PROBLEMS		
DC	YOU HAVE ANY ALLERGIES? (i.e. food, drugs, insect		
DC	YOU REQUIRE AN EPI-PEN? DO YOU CARRY ONE? (Please let the team know where it is located.)		
PR	EVIOUS OPERATIONS OR SERIOUS ILLNESSES (Also lis	st dates)	
		·	
CU	RRENT MEDICATIONS (List)		
SPI	ECIAL DIET (Describe)		
	YOU OR YOUR PHYSICIAN PLACE ANY LIMITATIONS		
HA	VE YOU HAD?	PLEASE CIRCLE	IF YES, PLEASE GIVE DATE
1)	FULL HEPATITIS B IMMUNIZATION SERIES?	YES OR NO	,
2)	TETANUS BOOSTER IN LAST FIVE TO TEN YEARS?	YES OR NO	-
3)	HEPATITIS A VACCINE?	YES OR NO	
4)	FULL POLIO VACCINATION SERIES?	YES OR NO	
5)	MEASLES, MUMPS, & RUBELLA VACCINES?	YES OR NO	***************************************
6)	CHICKEN POX VACCINES?	YES OR NO	
	TYPHOID VACCINE?	YES OR NO	*
8)	CHOLERA VACCINE?	YES OR NO	. —————————————————————————————————————
AN	Y OTHER PERTINENT HEALTH INFORMATION (Please	e describe)	
HE	EALTH INSURANCE		
NA	ME OF INSURANCE COMPANY		
AD	DRESS		
PH	ONE NUMBER OF INSURANCE COMPANY	THIS POLICY IS ISSUED IN THE NA	AME OF
AD	DRESS		
IF (GROUP POLICY, PLEASE LIST EMPLOYER	EMPLOYER	PHONE NUMBER

Be sure to attach a legible copy of your health insurance card (front and back) and verify the information submitted above.

Page 2

REFERENCES

NAME	RELATIONSHIP TO YOU
ADDRESS	
	NIGHT PHONE
NAME	RELATIONSHIP TO YOU
ADDRESS	· · · · · · · · · · · · · · · · · · ·
DAY PHONE	NIGHT PHONE
NAME	RELATIONSHIP TO YOU
ADDRESS	
DAY PHONE	NIGHT PHONE
EMERGENCY CONTACTS	
NAME	RELATIONSHIP TO YOU
ADDRESS	
DAY PHONE	NIGHT PHONE
NAME	RELATIONSHIP TO YOU
ADDRESS	
DAY PHONE	NIGHT PHONE
PLEASE ATTACH A COPY OF THE EN	NDORSEMENT PAGE OF YOUR PASSPORT (FOR OVERSEAS TRAVEL)
PERSONAL PLEDGE	
pectations of CCBC, team leader/s, and our par well as with our ministry partners. I acknowled	ur team leader/s, pastors, and field personnel. I will comply with guidelines and ex- rtners on the field. I will endeavor to keep the peace and unity among the team as dge that our team serves as an extension of CCBC, our partners, and, most im- rom negative attitudes and actions that reflect poorly on Christ, His people, and may
Signature	