



turning hearts to Jesus and growing them into His likeness
11947 Del Amo Blvd. Cerritos, CA 90703
Tel. 562)860-1720 Fax. 562)860-2824

CERRITOS BAPTIST CHURCH

Evangelism Ministry – Cross Cultural Evangelism Team

Short-Term Missions Application

Personal Profile

Full Name: _____

Current Address: _____

Permanent Address: _____

Home Phone: (____) _____ Permanent: (____) _____

Work Phone: (____) _____ Cellular: (____) _____

Email Address: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Country of Citizenship: _____ Passport No. and Expiration Date: _____

Are you a legal resident alien in the US? Yes No Alien Registration No.: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Please attach your
photograph here

Requirements and Policies

All applicants are required to:

1. Pay a non-refundable application fee of \$25
2. Have two reference forms filled completed by a ministry leader and a friend (one from each)
3. Type out and attach their testimony (one page maximum)
4. Be interviewed by the CCET missions committee once application has been accepted

Minimum Requirements:

1. Have been a Christian for at least 2 years.
2. Have been baptized or in the process of being baptized.
3. Have been a regular attendee at CBC for at least 1 year
4. Agree with Cerritos Baptist Church's statement of faith
5. Must be at least 18 years of age (unless accompanied by a parent)

Short-term Missions Policies:

1. Candidates must be committed to regular prayer and Bible reading
2. Candidates must be open to sharing during service, small group, and youth or children's ministries
3. Candidates must complete the Cerritos Baptist Church Short-Term Missions Training Program
4. Candidates will participate in a debriefing program and be committed to missions follow-up
5. Final approval will be determined by CCET in accordance with the church vision, values, and policies

Trip Preference

Please rank destinations in order of preference:

___ S. Africa ___ Japan ___ Brazil ___ China ___ Mexico ___ Other: _____

Education / Employment (most recent first)

School: _____ Year: _____ Major: _____ Degree: _____

School: _____ Year: _____ Major: _____ Degree: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Please list your skills, certifications, or languages spoken which may be valuable in the mission field:

Skill, certification, or language

Level of proficiency

_____	_____
_____	_____
_____	_____

Health History

Please list any medications currently being taken under a doctor's direction: _____

Please list any allergies including allergies to any medications: _____

Are you covered by medical insurance? Yes No Company: _____

Policy Holder: _____ Number: _____

Immunizations: If known please indicate the date of your most recent immunization

___ Yellow Fever ___ Poliomyelitis ___ Diphtheria ___ Tetanus ___ Typhoid

___ Hepatitis A ___ Hepatitis B ___ Measles/Mumps/Rubella (MMR) ___ TB/PPD

Please check yes or no for each question and provide a full explanation for every 'yes' answer

1. Do you require a special diet? Yes No
2. Do you have any chronic health problem or physical limitation? Yes No
3. Is there any reason you should not be able to engage in a rigorous outdoor activity, primitive living, high altitude, extreme temperature, etc.? Yes No
4. Have you ever sought counseling (marital, depression, or others)? Yes No
5. Have you ever received treatment for drug or alcohol dependency? Yes No
6. Have you had a blood transfusion, engaged in intravenous drug use, or had a homosexual encounter since 1980? Yes No

Explanations for all 'yes' answers:

Emergency Contacts

Contact 1:

Name: _____

Relationship: _____

Street: _____

City, State, Zip: _____

Phone: (____) _____

Email Address: _____

Contact 2:

Name: _____

Relationship: _____

Street: _____

City, State, Zip: _____

Phone: (____) _____

Email Address: _____

If you are a minor (under 18 years old)...

Father's Information:

Name: _____

Email Address: _____

Street: _____

City, State, Zip: _____

Phone: (____) _____

Work Phone: (____) _____

Mother's Information:

Name: _____

Email Address: _____

Street: _____

City, State, Zip: _____

Phone: (____) _____

Work Phone: (____) _____

Are your parents/guardians aware of your interest in this missions trip? Yes No

Are they supportive of your ambitions? Yes No

Christian Experience and Service

Date of Conversion _____ How long have you attended Cerritos Baptist Church? _____

Are you a church member? Yes No If no, are you a member of another church? Yes No

Church Name: _____ Name of Pastor: _____ Phone Number: (____) _____

What experiences have you had in Christian service? _____

Please describe you current ministry involvement and the name of your overseeing leader: _____

What experience (if any) have you had with international/intercultural missionary service? _____

What do you feel are your spiritual gifts and how have you seen them used for the Kingdom of God? _____

What do you feel are your limitations and how can others best help you overcome them? _____

Why do you want to go on a missions trip?

Testimony

Please type out and attach your testimony on a separate piece of paper and attach to this application.
One page maximum.

References

To assist us in evaluating your application, we need references from those who know you well. Please provide us with the names of appropriate individuals and forward the enclosed reference forms to them. In order to prevent bias, please do not list relatives.

Name of Shepherd/Church Leader _____ Contact Phone: (____) _____

Name of Friend (non-relative): _____ Contact Phone: (____) _____

If accepted I agree...

1. That my entire ministry cost must be raised before I leave, and that I will trust God to provide. 5% of the total cost of the trip will be paid by me personally. For the sake of the team, I will do my fair share of fundraising.
2. I have read and am willing to uphold the doctrine, vision, and values of Cerritos Baptist Church
3. I accept complete responsibility to ensure whatever medical coverage I determine is necessary for the time I am involved in CBC short-term missions above and beyond what is provided. I understand that Cerritos Baptist Church is not responsible for any incurred medical or liability costs, and I agree not to hold Cerritos Baptist church liable from any and all such claims.

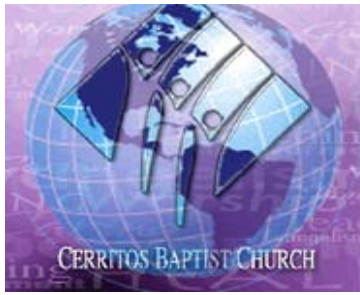
Applicant Signature: _____

Date: _____

If applicant is under 18...

Parent/Guardian Signature: _____

Date: _____



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CERRITOS BAPTIST CHURCH

Evangelism Ministry – Cross Cultural Evangelism Team

Short-Term Missions Reference

Pastor/Teacher
 Friend

Applicant Information

Applicant Name: _____ Trip Destination (if known _____ nown):

Reference Information

Name: _____ Email Address: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 Could we contact you if we have any questions or need more information? Yes No
 How long and in what capacity have you known the applicant? _____

About the applicant...

The applicant is applying for a short-term missions trip which will involve cultural stress, ambiguity, and restrictions on freedom and privacy. As you respond to the following questions, please be as objective as possible. No honest answers necessarily disqualify the applicant from the program.

Have you ever known the applicant to demonstrate unusual discouragement, moodiness or withdrawal? _____

Does the applicant work best alone or with others? Please explain. _____

What are this person's strengths (social, emotional, personal, leadership, spiritual)? _____

What are this person's limitations (social, emotional, personal, leadership, spiritual)? _____

Are you aware of any hindrances, shortcomings, or struggles the applicant is facing which may affect their availability or effectiveness for this project?

Overall Recommendation (please check one):

- Good assistant team leader Marginal; some reservations
 Good team member; a good follower Not recommended

Please return in a sealed envelope to:
 Cerritos Baptist Church
 11947 Del Amo Blvd.
 Cerritos, CA 90703

Please fill out the chart on the following page

Reference's Signature: _____

Date: _____

Applicant's Name: _____

As you respond to the following questions, please be as objective as possible. No honest answers necessarily disqualify the applicant from the program.

Responsibility	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Assumes or carries out duties/obligations Is trustworthy in fulfilling tasks 		very irresponsible					very responsible	
Perseverance	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Continues in the face of adversity Does not quit in the face of trials 		quits often					always keeps going	
Adaptability	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Adjust well to changes Is flexible with people and circumstances 		adapts with difficulty					adapts very well	
Diplomacy	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Handles delicate situations well Is careful with speech and manners 		insensitive to others					very sensitive	
Social Pose	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Is confident in interaction with other people Is not afraid of meeting new people 		no confidence					very confident	
Cooperation	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Works well with others Has a team perspective 		doesn't cooperate					a team player	
Communication	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Presents and evaluates thoughts with clarity Has a team perspective 		poor					outstanding	
Moral Purity	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Deals uprightly with members of the opposite sex Does not have the "appearance of blame" 		poor					blameless	
Integrity	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Maintains a high ethical standard Has a good reputation with all people 		unethical					high ethical standard	
Spiritual Maturity	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Has a mature and consistent walk with God Is sensitive to spiritual matters 		very immature					very mature	
Emotional Stability	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Responds well to stressful situations Handles conflict in an appropriate manner 		difficulty with stress					handles stress with skill	
Self-Image	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Accepts and understands self Is not overly self-conscious or paranoid 		very poor					exceptional	
Personal Ministry	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Has an active, positive, personal influence for Christ Has a servant mentality 		not effective/none					active/very effective	
Proven Leadership	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Able to direct, guide, or influence others Leads in a way that others follow 		never leads					exceptional leadership	
Potential Leadership	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Possesses the skills necessary for leadership Has a team perspective 		low potential					high potential	
Submissiveness	?	1	2	3	4	5	6	7
<ul style="list-style-type: none"> Responds well to authority Has a team perspective 		rebellious					always respects authority	