

High School Summer 2011 Mission Application

Covenant Presbyterian Church

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Tegucigalpa, Honduras – June 23-30, 2011

Chicago – July 25-29, 2011

Application for Mission Trips

Please circle your trip preference. Your completed application must be received by the Youth Office by **Sunday, February 6, 2011**, along with a \$100 check made out to Covenant Presbyterian Church. If you are accepted, your deposit will be applied towards the cost of the trip (and will be non-refundable). If you are not accepted, your deposit will be refunded. **No application will be accepted without the application fee and a completed Covenant Presbyterian Release form** (if we already have one on file, we do not need another one).

Full Name: _____ Date of Birth: _____

Parents Phone: _____ Parents Email: _____

Applicant's Phone: _____ Applicant's Email: _____

Address: _____
(city) (state) (zip)

School/Grade/: _____

Are you a member of Covenant? If not, home church: _____

Do you have a valid passport? (If "yes," list # and expiration date. If "no," please apply immediately and let us know when you apply). _____

You MUST have a valid passport to travel to Honduras. It must be valid for 6 months after our return date.

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1. Briefly share how you came to a personal faith in Jesus Christ.

2. How have you grown in your relationship with Christ in this last year?

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3. What is your experience in this last year in communicating the Gospel with others?

4. Why do you want to serve on this missions team?

5. What do you expect to gain from this missions experience?

6. What do your parents think of you going on this trip?

7. Do you have any allergies, illnesses or other health problems which would affect your performance on this team? (For example, are you taking any medications of which your leaders need to be aware?) If yes, please explain: _____

8. The date of your last tetanus shot: _____ (An up-to-date tetanus shot is mandatory)

9. I certify that I have health insurance and have listed the information on the Covenant Presbyterian release form. I understand that in case of accident or illness, my insurance will be the primary source of payment of expense incurred. _____
(please initial)

10. I am under 18 years of age or am still on my parents' insurance and my parents have signed the waiver on the Covenant Presbyterian release form and have included their health insurance information conditions listed in number 9 above. _____
(please initial)

I understand that applying does not assure my position on the mission team. I understand the requirements to be the following, and if I am accepted agree to fulfill these requirements and to be a positive participant on the mission team.

1. **Turn in application and \$100 by February 6, 2011.**
2. **Attend all team meetings.**
3. **Raise all financial support needed.**
4. **Send out 20 prayer letters (we will have a training session about writing these).**

Signature: _____ Date: _____