

Mission Trip '09

June 20-25, 2009

Cost:\$150

Description of Week

We are going to work in Detroit (Gleaners, Detroit Rescue Mission) and helping elderly with home projects, in the suburbs. We will be staying at a local church for the week. Each night our group will (in teams) be serving dinner to us and a local family in need. Our goal is to open our students eyes to needs in our community. Our kids will spend each day working on projects that will help out those less fortunate. Each evening they will spend time in God's word and worship. One night during the week they will be going out for a fun night of just plain old play.

Requirements:

- Must be able to share your testimony with another person.
- Must attend all meetings. (One absence is allowed per person. If you are late, more than 5 minutes, counts as a absence per time.)
- Turn in your Application with a \$25 deposit
- Turn in all your forms on time
- Participate in all fund-raisers

Schedule

March 21	Mission trip meeting	9 to Noon
March 21	Application and deposit due	
April 25	Mission trip meeting	9 to Noon
April 25	References due	
May 13	Mission trip meeting	5:30-6:30 p.m.
May 30	Mission trip meeting	9 to Noon
June 15-19	VBS	9:30 to Noon
June 20	Leave for trip	9 am
June 25	Return to CBC for Celebration dinner	6 p.m.

Detroit Area Mission Trip Application

Due by March 21, 2009
\$25 deposit by March 21, 2009

Name _____

Address _____ City _____ Zip _____

Phone _____ Current Grade _____ Age _____ School _____

1. How do you know you will go to heaven? (Use the back if necessary).

2. Describe how you nurture your relationship with Jesus Christ? (use the back if necessary).

3. Why do you desire to serve on this mission team?

Reference Information

Parent(s) _____ Phone _____

Mature Christian Friend _____ Phone _____

Have you thoroughly read the project description sheet and standards: Yes No

Will you wholeheartedly attempt to meet the project standards: Yes No

Do you foresee any scheduling conflicts? (sports, family, etc): Yes No

Signature. _____ Date _____

Turn into the Student Ministries Office. **No Later Than April 25, 2009**

Summer Missions '09 Parent's Reference Form

Applicant's Name _____

Dear Parent,

Your teen has applied for a Summer Mission Trip. We desire to assemble a team of students who are solid in their Christian walk. You know, perhaps better than anyone, your teen's sensitivity to the Lord, attitude towards authority, willingness to cooperate, and disposition towards selfless acts. Please fill out the following reference fairly and honestly as it is an important tool in the decision making process regarding team membership. Please turn this form back in by April 25, 2009. Thank you for your time and help.

Please check the following and include comments where applicable	Excellent	Good	Fair	Poor
Ability to get along with others				
Follows through on instructions				
Cooperation				
Teach ability				
Disposition				
General attitude				
Attitude towards opposite sex				
Resists discouragement				
Ability to make spontaneous decisions				
Obedience to rules				
Spiritual disciplines				

Additional Comments:

The applicant would be an Excellent __ Good __ Fair __ Poor __ addition to this team.

Signed _____ Date _____

Phone _____

Summer Missions '09 Mature Friend Reference Form

Applicant's Name _____

_____ has applied for a Summer Mission Trip. We desire to assemble a team of students who are solid in their Christian walk. You know _____ sensitivity to the Lord, attitude towards authority, willingness to cooperate, and disposition towards selfless acts. Please fill out the following reference fairly and honestly as it is an important tool in the decision making process regarding team membership. Please turn this form back in by April 25, 2009. Thank you for your time and help.

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Cooperation				
Teach ability				
Disposition				
General attitude				
Attitude towards opposite sex				
Resists discouragement				
Ability to make spontaneous decisions				
Obedience to rules				
Spiritual disciplines				

Additional Comments:

The applicant would be an: Excellent __ Good __ Fair __ Poor __ addition to this team.

Signed _____ Date _____

Email _____

Detroit Mission Trip 2009

Calvary Baptist Church Medical Information

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Insurance Co. _____ Policy # _____

List any Major illness in the last year. _____

List any medications you take regularly. _____

****Please remember to take enough medicine with you on the trip. You may need a prescription to be filled out from you doctor.****

List any allergies

List any physical disabilities

In case of emergency; we should contact:

Name _____ Phone _____

Address City _____ State _____ Zip Code _____

Relationship to child _____

FOR YOUR DOCTOR:

I have examined and find him/her to be in generally good health and physically able to take part in a mission trip with Calvary Baptist Church. Which will may require lifting objects over 25 lbs. Conditions that Calvary Baptist Church should be aware of

Doctor's Signature _____ Date _____

PARENT RELEASE AND NOTARIZATION

As the parent/ guardian of, I give my permission for him/her to attend Calvary Baptist Church's mission trip June 20-25, 2009. In case of an emergency, I give my permission for a licensed physician to hospitalise, anaesthetize or perform surgery on my child, named above. I understand that every effort will be made to contact me before these are taken.

Parent/Guardian's Signature _____ Date _____