

CROSSROADS SHORT-TERM MINISTRY APPLICATION

PERSONAL INFORMATION

Name _____ Male ___ Female ___

Address _____ City _____ Zip _____

Email _____ Phone _____

Birthdate _____ Age _____

Marital Status: Single _____ Married _____

In which short term ministry opportunity are you interested in?

In your opinion, what are your strengths (Character traits, abilities, giftings)

What are your weaknesses?

Is there anything we should know about you that could positively or negatively impact your ability to serve on this team? Yes___No___ health, debt, work, etc.)

Do you have any medical limitations, or chronic illness?

CHURCH INVOLVEMENT

Are you currently serving at Crossroads? Yes _____ No _____

If yes, how long and what ministry?

Are you a partner at Crossroads (went through membership class)?

Yes _____ No _____

How long have you been at Crossroads _____

Have you previously served on a cross cultural trip? Yes ___ No ___

Where _____

Have you ever been in North Africa or the Middle East? Yes ___ No ___

Where _____

Do you have a current passport? Yes _____ No _____

Do you work? Yes _____ No _____

Employer _____

Are you a student? Yes _____ No _____

School _____

Why do you want to go on this trip?

Email or drop off application: missions@crossroads-bible.org

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