2014 Champion Cowboy Church Mission's Trip Gary, West Virginia June 15th 21st

Total tentative Cost: \$1,100 Payments and deadlines are as follows:
Application and Deposit of \$500 Deadline: March 2nd
Payment: April 6th - \$200 | May 4th - \$200 | June 1 - \$200

Please complete this application and mail to:

Champion Cowboy Church | attn: Katie Johnson | 27633 FM 1488 | Hockley, Texas 77447

Phone: 936-931-9202 | Email: katiejohnson@championcowboychurch.com

Include the following with Mission Trip application

1. One photo of yourself

2. Copy of Texas Driver's License 4. Personal Reference 3. Pastor's Recommendation

PLEASE COMPLETE AND PRINT CLEARLY AS YOUR NAME APPEARS ON YOUR DRIVERS LICENSE OR STUDENT ID

First (Legal name as written on Passport)

M.I.

Last

Social Security No.

- - O Male

O Female

U.S. Canada

What trip are you applying for?

Social Security No.	O Male	O Female	U.S.	ship (please circle) Canada	What trip are you applying for?
	O Maie	O remaie	other:	Canada	101:
Mailing Address			City	Stat	te Zip
Email Address			Area co	de Telephone Nu	mber
Age:	Height:	Weight:	Birth da	nte / /	
Father's First and Last Name (or legal guardian if applicable)			Area co	de Telephone Nu	mber
Mother's First and Last Name (or legal guardian if applicable)			Area co	de Telephone Nu	mber
Church Name:		How long have you been actively	Pastor's	First and Last Nar	ne:

Have you ever been on a Missions Trip b	efore? (Complete on a separate sheet if needed)			
		O Yes	O No	
Trip(s)	Month & Year	_		
Have you ever been involved with:				
Alcohol Illegal Drugs	Cult or Occult	O Yes	O No	
If yes, please circle those that apply and explain when and why on a separate piece of paper.				
Please Circle if you have ever been	_			

Area code

Telephone Number

Please Circle if you have ever been:

/ City

Church Address

Expelled from School In a Juvenile Detention Center In Jail (If yes, please explain on a separate sheet of paper)

Please circle below if you ever had:

Psychiatric Care Eating Disorder If yes, please explain on a separate sheet of paper

involved?

/ State / Zip Code

The purpose of this Champion Cowboy Church Missions trip is for the ministry of the Gospel. Any available site seeing and shopping will be permitted only if it coincides with the team's main purpose, but could be canceled if not deemed convenient for travel, time or hinders the ministry. Trip costs and dates are subject to change. Trip may be canceled if there is any political, natural, or mission's related crisis. If the trip is canceled, we will make efforts to refund contributions made in your name. The conduct, dress and Christian lifestyle will be regulated. Team members and leaders adhere to these policies and are subject to dismissal for disobedience, without refund or reimbursement. Team members and leaders participate and serve at their own risk and Champion Cowboy Church is not liable in the event of sickness, accident, death, terrorist acts or any other expense involved with the events listed. The trip includes physical activity including extended walking, continuous walking and strenuous days. We require participants to be in good physical and mental condition and may request a physical exam and a reference from a doctor (if needed). The information I have given Champion Cowboy Church is accurate and true to the best of my knowledge. I also give the right to use any video that was taken during my Mission trip, my picture, voice, and testimony in any type of promotional or advertising materials. My enclosed signature (and the Signature of my parent or legal guardian, because I am under the age of 18) signifies my approval of all the limitations listed above. Application must be signed and dated by both applicant and parent or legal guardian (if applicant is under the age of 18) before it will be processed.

Applicant's Signature	Date	

Champion Cowboy Church Mission Application Pastor's Recommendation

To be completed ONLY by the Lead Pastor.

Pastor, the individual you are recommending has applied for a Champion Cowboy Church Mission Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.

Please Mail to: Champion Cowboy Church | 27633 FM 1488 | Hockley, Texas 77447 Telephone: 936-931-9202 Email: katiejohnson@championcowboychurch.com

Mission Participant, Please Complete the Shaded Section				
First:	M.I	Last:		Trip applying for:
Mailing Address			E-Mail Address	
City State	Zip		Area code Telephone I	Number
Church Name			Pastor's First and Last N	Name
Church Address				
City State	Zip		Area code Telephone I	Number
How long have you known the	e applicant? (circle one))		
Three months or less	Less Than One Year	On	e To Five Years	More Than Five Years
How well do you know the ap	plicant?			
By Name	Fairly Well		Very Well	
To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation? (Circle One)				
Yes No	If yes, please prov	ide a b	rief explanation on a sepa	rate sheet of paper
What is the activity or role of the applicant in your church?				
Have you ever had reason to question the applicant's morals? (Circle One)				
Yes No If yes, please provide a brief explanation on a separate sheet of paper				
Briefly, describe the applicant's personality.				
Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?				
Yes No			f explanation on a separat	e sheet of paper
Based on the above information, the applicant is: (Circle One)				
Strongly Recommended Recommended Recommended With Reservation Not Recommended				
The information I have provided to the Champion Cowboy Church Mission Trip, regarding this applicant, is accurate and true to the best of my knowledge.				

Date

Pastor's Signature

Champion Cowboy Church Mission Application Personal Reference

The individual you are recommending has applied for a Champion Cowboy Church Mission Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.

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Mission Participant, Please Complete the Shaded Section

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First:	M.I	Last:		Trip applying for:	
Mailing Address		-	E-Mail Address		
City State	Zip		Area code Telephone Number		
Church Name			First and Last Name		
Church Address					
City State	State Zip		Area code Telephone Number		
How long have you known th	e applicant? (circle one)				
TT1 41 1	I TO 0 17	0	70 TO \$7	N	
	Less Than One Year	On	e To Five Years	More Than Five Years	
How well do you know the ap	opucant?				
By Name	Fairly Well		Very Well		
To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation? (Circle One)					
Yes No			rief explanation on a sepa	rate sheet of paper	
What is the activity or role of the applicant in his/her church?					
Have you ever had reason to	question the applicant's	moral	s? (Circle One)		
Yes No If yes, please provide a brief explanation on a separate sheet of paper					
Briefly, describe the applicant's personality.					
Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?					
Yes No If no, please provide a brief explanation on a separate sheet of paper					
Based on the above information, the applicant is: (Circle One)					
Strongly Recommended Recommended Recommended With Reservation Not Recommended					
The information I have provided for the Champion Cowboy Church Mission Trip, regarding this applicant, is accurate and true to he best of my knowledge.					
Signature					

Date

BACKGROUND CHECK

AUTHORIZATION

During the application process and at any time during the tenure of my service with **Champion Cowboy Church**, I hereby authorize **Champion Cowboy Church**; to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Full Name (please print):	
Street Address:	
City: State: Zip:	
Home Phone: ()	County:
Applicant Signature	Date
Applicant Social Security Number	Applicant Date of Birth (mm/dd/yyyy)

BACKGROUND VERIFICATION DISCLOSURE

This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating your for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private records.

Champion Cowboy Church

Phone: 936-931-9202 | Email: katiejohnson@championcowbovchurch.com

Assumption of Risk

(for those 18 years and older)

	(name of volunteer), in consideration ampion Cowboy Church, represent and	
1) I am a volunteer worker and acknowledge	owledge that I am not an employee of C	hampion Cowboy Church.
such hazards and risks including, but inadequate medical services and supp with full awareness of these risks, an all risks of death, injury, illness, and	s to my person and property associated not limited to, death or injury by accide plies, criminal activity, and random acts d, subject to the insurance coverage's deamage to me or any member of my far I further recognize such risks have alw	ent, disease, weather conditions, s of violence. I accept my assignment escribed below, I voluntarily assume mily associated with such risks, and
3) I attest and certify that I have no n	nedical conditions that would prevent m	e from performing my duties.
any and all claims for damages which Church, the ministries of the Champiagent or employee of any such organ	quired by the Champion Cowboy Church I, or my heirs or successors, may have on Cowboy Church, the local church sp izations, arising from my death, injury, assignment or as a result of my assignment	e against the Champion Cowboy consoring the Mission trip, or any or illness, or any property damage or
behalf and on their behalf as their pa	dren who will accompany me on my ass rent and legal guardian, and subject to the ion Trip, do hereby assume all risks of of from those causes described above.	he insurance coverage's required by
, -	he enforcement of any provision of this at this commitment constitutes a legal, very with its terms.	
	tion of risk and indemnity agreement is at I have carefully read the foregoing this release of my own, free act.	
Name (please print)	Signature	Date
Witness Name (please print)	Witness Signature	Date

Champion Cowboy Church (attn: Katie Johnson) 27633 FM 1488 Hockley, Texas 77447

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