

**Dates**

March 18-28, 2011

**Approximate cost \$2,300.00**

**Deadline to turn in application**

**November 7, 2010** (applying does not guarantee inclusion on the team, but all applications received by the deadline will be considered)

**Please fill this application and mail or drop it off along with all other requested documents (except for the cg leader approval form):**

Covenant Life Church  
Attn: Kjersten Blair  
7501 Muncaster Mill Road  
Gaithersburg, MD 20877

**All information provided is confidential and will only be viewed by the team leaders**

Full Name (as it appears/will appear on your passport)

\_\_\_\_\_

Email

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

Phone:

(h) \_\_\_\_\_

(w) \_\_\_\_\_

(c) \_\_\_\_\_

Sex M \_\_\_ F \_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

**Do you have a passport that will be valid for at least 6 months after the return date? Yes \_\_\_ No \_\_\_**

**Do you have any close friends who are also applying for the trip that you hope to be able to go on the trip with?**

**Yes \_\_\_ No \_\_\_ If yes, who \_\_\_\_\_**

**For Medical Professionals**

**Doctor** \_\_\_\_\_ **Specialty** \_\_\_\_\_ **Years in practice** \_\_\_\_\_

**Board Certified? Y \_\_\_ N \_\_\_**

State in which medical license is held \_\_\_\_\_

**PA** \_\_\_\_\_ Years in practice \_\_\_\_\_

**Nurse-Pract** \_\_\_\_\_ Years in practice \_\_\_\_\_

**CRNA** \_\_\_\_\_ Years of Experience \_\_\_\_\_

**Nurse** \_\_\_\_\_ Years of Experience \_\_\_\_\_ Area (Circle all that apply) OB PED ER ICU Med/Surg

**Resident** \_\_\_\_\_ Year of Residency \_\_\_\_\_ Area of Medicine \_\_\_\_\_

**Student** \_\_\_\_\_ Specialty and Year \_\_\_\_\_

**Other** \_\_\_\_\_ Specialty \_\_\_\_\_ Years in practice \_\_\_\_\_

### Essential Documentation Requirements

Please note the following items will need to be provided upon acceptance on the team

#### All Medical Professionals

- Copy of professional diploma/s (must be notarized)
- Copy of first page of passport (w/ **3** passport size photos) (must be notarized)
- Copy of current license/s (must be notarized)
- Copies of Board and Residency Diplomas (must be notarized)
- License application (attached)
- Letter re: work ethic (attached) (should be signed by your supervisor and should be on official letterhead)
- Letter re: physical and mental soundness (attached) (any doctor can sign this and should be on official letterhead)
- Curriculum Vitae

#### Students/Residents

- Letter of good standing from dean or dept. chair (should be on official letterhead)

What do you believe are your spiritual gifts (mercy, prophesy, leadership etc.)

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What practical skills or abilities do you have? (i.e. singing, playing an instrument, public speaking, carpentry etc.)

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Do you speak any foreign language(s)? Please list

\_\_\_\_\_ Fluent \_\_\_\_ Adequate \_\_\_\_ Poor \_\_\_\_

\_\_\_\_\_ Fluent \_\_\_\_ Adequate \_\_\_\_ Poor \_\_\_\_

\_\_\_\_\_ Fluent \_\_\_\_ Adequate \_\_\_\_ Poor \_\_\_\_

How long have you been a Christian? \_\_\_\_\_

Briefly, please tell us a little bit about yourself (relationship with Jesus, profession, passions/interest, your family, close friends)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

How would you describe your personality? (talkative, quiet, laid back, intense, crazy etc.)

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How long have you been a member of Covenant Life? \_\_\_\_\_

Are you serving in the church? If yes, in what way/s?

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Do you volunteer with any organizations or give money to any charities or missions?

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Do you have any missions experience?

Y \_\_\_\_\_ N \_\_\_\_\_

If yes, where did you go and what kind of things we you involved in?

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Have you prayed about your decision to apply for this team?

Y \_\_\_\_ N \_\_\_\_

Why do you want to go on this trip?

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Describe your level of interest and desire for missions?

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Is there anyone in your life that doesn't know Christ with whom you are seeking to share the gospel with? (if yes, briefly describe)

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Would anyone you know have any reservations about you going on this trip or be surprised at your desire to go?

Y \_\_\_\_ N \_\_\_\_

If yes, why?

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Have you ever been accused or convicted of sexual harassment or child abuse?

Y \_\_\_\_ N \_\_\_\_ (If yes, please explain on a separate sheet.)

Do you plan on fundraising to pay for the trip?

Y \_\_\_\_ N \_\_\_\_

**WAIVER OF RESPONSIBILITY AND ASSUMPTION OF RISK**

I, \_\_\_\_\_, assure Covenant Life Church that all information on this application is current and accurate. I, the undersigned M-Team participant, assume full responsibility for my conduct, activity and well-being and hereby release and forever discharge Sovereign Grace Ministries, Covenant Life Church and Mission to the World from any and all liability arising out of my participation in the activities and trips associated with this M-Team. I also verify that I am covered by adequate medical and liability insurance that will fully provide for the cost of any necessary medical care or services should I need them while participating in Mission Team events. I recognize that Sovereign Grace Ministries, Covenant Life Church and Mission to the World assume no responsibility for providing any type of medical coverage or insurance for Mission Team participants. I indemnify and hold harmless Sovereign Grace Ministries, Covenant Life Church and Mission to the World and all related entities, employees, or agents thereof from all cause of action, claims, damages and demands whatsoever I ever had, now have, or may have arising out of participation in M-Team events.

Signature

\_\_\_\_\_  
Date**Emergency Contact Information**

Name

\_\_\_\_\_

Phone:

(h) \_\_\_\_\_

(w) \_\_\_\_\_

(c) \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Relationship to Individual \_\_\_\_\_