

# CROSSINGS IN HAITI

## Mission Trip Application



### General Information

Name	
Street Address	
City, State and ZIP	
Phone Number	
E-Mail Address	
Date of Birth	
T-Shirt Size	
Do you have a valid Passport?	
Full Name – exactly as it appears on your Passport	
Passport Country of Issue	
Passport Number	
Passport Expiration Date	
<i>If you do not have a valid passport, you will need to apply for one ASAP and send us this information at a later date.</i>	

### Trip Dates

Which Haiti trip dates are you planning on participating in?

- March 25-31, 2017       June 3-9, 2017  
 June 10-16, 2017  
 April 1-7, 2017       June 17-23, 2017

### Participant Type

How will you be participating in the mission trip?

- As part of a church group  
 Individual

### Church Information

Name of your home church	TRINITY BAPTIST CHURCH
Street Address	5041 ESTES PARKWAY
City, State and ZIP	LONGVIEW, TX 75604
Phone Number	903-643-3819
E-Mail Address	INFO@TBCLONGVIEW.COM
Pastor's Name	ADAM WIGGINS

How long have you been a member at this church? \_\_\_\_\_

## Testimony

Please tell us about how you came to know Christ and how this has impacted your life? (300 words or less)

## Previous Missions or International Experience

Please summarize any previous mission trip or international travel experience you have had. List countries and dates, if applicable.

## Further Information

Shortly, tell us about why you want to participate on this mission trip to Haiti?

Do you know someone who has been to Haiti with Crossings in the past?

Yes  No

If yes, who?

Have you read the book *Helping Without Hurting in Short Term Missions*?

Yes  No

### Personal References

Please list the contact information for either your youth leader, or a pastor within your church, who knows you and your spiritual walk and would be willing to provide a personal reference for you.

Name	
Phone Number	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the information provided in it are true and complete. I understand that if I am accepted as member on this mission trip, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

# Haiti Mission Trip Application

Trinity Baptist Church

CREW STUDENT MINISTRY

Please fill out and return by November 15<sup>th</sup>, 2016

If a young boy or girl approached you in Haiti and told you they wanted to know Jesus, what would you share with them? (Please include Scripture and the gospel in your answer.)

Why do you want to go on this mission trip to Haiti?

What do you hope to contribute to the team?

Is there anything in your life that, if publicly known, would hinder your ability to share Christ, affect the team, or damage the reputation of Trinity Baptist Church? If so, please briefly share. (Please note: this is not an automatic disqualifier, but there may need to be a further conversation.)

