MINISTRY PROPOSAL

1. What is the proposed ministry? Describe the ministry's service

2. State the Purpose and Mission of proposed ministry?

3. How will this proposed ministry reflect or relate to the mission and purpose of Crossroads?

4. What is the scriptural foundation for this ministry?

5. What **specific** goal(s) does this ministry desire/expect to accomplish?

6. Are there other Crossroads' ministries that will be connected to/impacted by this ministry (directly or indirectly)? If yes, list

7. Who will benefit from this ministry?

8. How will you measure the effectiveness of this ministry?

9. What is the timeline for planning, development, implementation and evaluation?

10. Will training/orientation of those serving in this ministry be needed/required?

11. Will this program require funding? How will funds be provided (raised)? - What are your needs/what will funds be used for: supplies, tools, etc. – Overall projected cost of operating this ministry.

12. Is there an existing ministry at Crossroads that this ministry will fall under? (i.e. Malachi Men. Minute Men)

13. Have you had previous experience in the type of ministry you are proposing? If yes, explain: your role, # of years, successes, challenges, etc.

14. Is there an existing program/curriculum for the proposed ministry? (Please include name of program/curriculum if created by another organization). If yes, was it developed by you? If no, will one have to be created?

15. Proposed team (names and/or areas which you will need assistance – please attach list if needed and areas/functions) – What would a ministry organization chart look like?

Please elaborate further on the ministry you're proposing. Provide any additional information that may be valuable for understanding the vision (purpose and mission) of the ministry.

Processes and Procedure(s)

Please attach a proposed agenda, meeting schedule, books/tools you will use and the (leadership) support/team you will need or have

CROSSROADS COMMUNITY CHURCH
KNOW. GROW. GO.

"Him we proclaim, warning everyone and teaching everyone with all wisdom, that we may present everyone mature in Christ."
Colossians 1:28

REQUEST FOR FINANCIAL SUPPORT FOR MINISTRIES/ORGANIZATIONS FROM AGENCIES OUTSIDE OF CROSSROADS

1. Describe your ministry/organization (Name, location, etc.)? Feel free to attach a copy of the ministry/organization's purpose statement, beliefs, etc.

2. State the Purpose and Mission of your ministry/organization?

3. How does your ministry/organization reflect or relate to the mission and purpose of Crossroads?

4. What is the scriptural foundation for this ministry/organization?

5. What **specific** goal(s) does this ministry/organization desire/expect to accomplish?

6. Are there other Crossroads' ministries that will be connected to/impacted by this ministry/organization (directly or indirectly)? If yes, list those ministries below.

7. Who will benefit from this ministry/organization?

8. How will you measure the effectiveness of this ministry/organization?

9. What are your needs/what will funds be used for: supplies, tools, etc.

10. Is this request a one-time request or a monthly reoccurring amount? If a reoccurring amount how long will the support be needed?

12. Is there an existing ministry at Crossroads that this ministry/organization will fall under? (i.e. Malachi Men. Minute Men)

13. Is there an opportunity for support other than financial support for members of Crossroads? (i.e. having a small group volunteer, etc.)

14. Please elaborate further on the ministry you're proposing. Provide any additional information that may be valuable for understanding the vision (purpose and mission) of the ministry.

CROSSROADS COMMUNITY CHURCH
LONG-TERM MISSIONARY SUPPORT APPLICATION
(To be filled out by Missionary Applicant)

Please first read the Crossroads Community Church Missions Policy (available at the church office or the church website). Please complete this form and return it along with a written personal recommendation from your sending agency.

The GO Leadership Team
Attn: GO Pastor
Crossroads Community Church
28042 Avenue Stanford, Unit D
Valencia, CA 91355
Phone: 661-775-9502, ext. 170
E-mail: rsmith@lifeatcrossroads.org

Date _____

Name _____ Date of birth _____

Marital Status: _____ Were you ever divorced? _____

Present Address _____

_____

Phone _____ Email _____

Permanent address and phone (if different from above) _____

_____

Names and ages of children: _____

_____

How do you plan to meet the educational needs of your children?

_____

_____

What is your connection to CCC, how long have you been associated with our church, and are you a member of CCC ?

_____

_____

Location(s) where you plan to minister:

_____

Briefly describe the specific ministry you will be engaged in:

_____

_____

_____

_____

How long are you planning on being there? Initial commitment?_____

Mission Organization _____

Mission Address _____

_____

Mission E-mail _____

Mission Phone _____

Your Account #_____

Describe specific ways in which you will be accountable to this organization (newsletters, financial reports, visits, team on the ground, etc.):

_____

_____

Are they accredited with the Evangelical Council on Financial Accountability (ECFA)? _____

If you have changed from one mission agency to another, please state the reason for the change:

_____

_____

Home Church, if other than CCC _____

Address_____

E-mail and Phone_____

Pastor_____

Describe your relationship with the local church, including areas of ministry and leadership:

_____

_____

_____

Education and Work Experience (attach a resume if you prefer)

Formal Education:

Dates Attended	School Name/ City, State	Major/Minor	Degree

Work experience (most recent first):

1. Company_____

   Position held_____

   Contact Person_____

   Phone_____ Dates: _____ to _____

2. Company_____

   Position held_____

   Contact Person_____

   Phone_____ Dates: _____ to _____

3. Company_____

   Position held_____

   Contact Person_____

   Phone_____ Dates: _____ to _____

List any other pertinent training, talents or experiences (including other missions or cross-cultural experiences):

_____

_____

_____

_____

_____

How well do you know the culture and language of the place to which you will be going?

_____

_____

_____

_____

Finances:

Please provide an itemized description of your agency's recommended monthly support (in USD).

Allowance:	
Salary	
Housing	
Children's education	
Employee payroll tax	
Pension / Retirement	
Conference / seminar	
Holiday	
Other:	
Benefits:	
Medical insurance	
Employer payroll tax	
Furlough / home service	
Other:	
Administrative overhead:	
Personal Debt:	
Other expenses (please describe):	
Monthly Total:	

What is your current monthly support level (already raised)?

_____

CROSSROADS COMMUNITY CHURCH
LONG-TERM MISSIONARY SUPPORT SPOUSE APPLICATION
(To be completed by the Applicant's Spouse)

Name _____ Date of birth _____

Date of Marriage: _____ Were you ever divorced? _____

Education and Work Experience (attach a resume if you prefer)

Formal education:

Dates Attended	School Name/ City, State	Major/Minor	Degree

Work experience (most recent first):

1. Company: _____

   Position held: _____

   Contact Person: _____

   Phone: _____ Dates: _____ to _____

2. Company: _____

   Position held: _____

   Contact Person: _____

   Phone: _____ Dates: _____ to _____

References

Please provide three references who can comment on your spiritual maturity and qualifications for ministry:

1. Name_____Phone_____

   Email_____

2. Name_____Phone_____

   Email_____

3. Name_____Phone_____

   Email_____

CCC has committed to focusing our missions efforts on the following areas of ministry:

1. Church planting/discipleship and evangelism.
2. Leadership training and development.
3. Support ministries which contribute to the above ministries.

Please describe how your long-term ministry plans fit with one or more of these areas of focus:

_____

_____

_____

_____

_____

On a separate sheet of paper, briefly describe...

1. Your walk with the Lord: how did you come to know Him as Savior and Lord, and what does this mean for you on a regular basis?
2. The reason you feel called to go on the mission field. What are the mid- and long-term goals or vision you want to work towards?
3. Any areas of the CCC Statement of Faith that you are not in agreement with?

Please enclose other materials or make additional comments that you feel would be helpful to the Missions Leadership Team.

I have read the CCC Missions Policy and Statement of Faith and agree with both of these documents.

_____ _____

Signature Date

3. Company: _____

   Position held: _____

   Contact Person: _____

   Phone: _____ Dates: _____ to _____

List any other pertinent training, talents or experiences (including other missions or cross-cultural experiences):

_____

_____

_____

_____

How well do you know the culture and language of the place you will be going?

_____

_____

_____

Describe how you plan to be involved in ministry:

_____

_____

_____

Please give a brief description of why you want to go into mission work:

_____

_____

_____

In the space below or on a separate sheet of paper, please describe your walk with the Lord: how did you come to know Him as Savior and Lord, and what does this mean for you on a regular basis?

I have read the CCC Missions Policy and Statement of Faith and agree with both of these documents.

_____ _____

Signature Date

GLOBAL PARTNER ANNUAL REPORT

1. Please describe the various areas of work where you focused your time this last year, along with an estimated percentage of your time that each area required. The total should equal 100% (i.e. Language study 30%, leadership training 50%, evangelism 20%).

2. Do you anticipate a significant change in those areas, or in the percentages involved, in the coming year?

3. Please share a couple of highlights of the work year, in which the fruit exceeded your expectations, or in some other way stood out as uniquely encouraging.

4. Please share a couple of challenges you faced this last year, in which the difficulties were greater than you expected or were unusually discouraging.

5. In one paragraph, how would you summarize the most significant results of your work in 2014?

6. Are you satisfied with the support that you receive from your sending agency? What, if anything, would you like to see change in this area? If applicable, please include your relationship with your on-field leadership.

7. How would you describe your relationship with your co-workers? What, if anything, would you like to see change in this area?

8. Please explain your financial situation:

a. What is your current monthly financial support target?

b. What amount is currently coming in from your donors?

c. Are you able to live comfortably on what you receive?

9. What, if anything, have we done that you have found encouraging and made you feel loved and supported?

10. What, if anything, would you like us to do in this area that we are not yet doing?

CROSSROADS COMMUNITY CHURCH
GO MINISTRY SHORT-TERM MISSION APPLICATION

(To be completed by ALL applicants, to include potential team leaders)

Instructions:

· Complete the application—Please print clearly. Make certain all portions are complete.
· Sign the application. Have your parents or guardians sign it if you are under 18 years of age.
· Return completed applications to the GO Pastor at the church office or the GO Ministry cart on Sunday Morning.

PERSONAL INFORMATION

Applicant's Full Legal Name and address as it appears on travel document (passport or driver's license):

_____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address _____

Shirt Size: _____ Age: _____

Passport Information (Except USA Team Applicants)

Number: _____ **Expiration Date:** _____

Birth date (mm/dd/yy): _____ **Citizenship:** _____

Marital Status (Circle One):

Single Engaged Married Separated Divorced Widowed Remarried

Known Medical condition(s): _____

_____

Current medication(s): _____

OUTREACH PROJECT—FOR A CROSSROADS GO TEAM

Location for which you are applying: _____

If that trip is not possible, is there another that interests you? _____

Are you seeking to be a leader for this missions trip? _____

OUTREACH PROJECT—FOR TRIPS NOT SPONSORED BY CROSSROADS

(Applicants for Crossroads GO Teams can skip to "Spiritual Life" section below)

Where will you be serving?: _____ Trip dates: _____

Mission agency name: _____

Agency contact: _____ Agency Phone: _____

Describe the project, including primary purpose and goals: _____

_____

Project cost: _____ Amount raised to date: _____ Payment deadline: _____

In the event we decide to participate financially, to whom do we make the check payable and where should it be sent?

_____

_____

_____

Describe the type of training you will receive and include dates if they are known: _____

_____

_____

SPIRITUAL LIFE (If needed you can attach a separate document to answer the questions listed below)

How and when did you put your trust in Christ? _____

_____

_____

_____

_____

How would you describe your relationship with Jesus Christ today? _____

_____

_____

_____

If a friend were to ask you, "How can I become a Christian?: how would you respond? _____

_____

_____

_____

_____

_____

How long have you attended Crossroads Community Church? _____

What worship service do you regularly attend? _____

Please carefully read the Crossroads Community Church Statement of faith. Can you sign it without reservation? Yes or No

If you checked "no" please explain why: _____

_____

_____

List ministries where you have served at Crossroads and other activity in Christian service:

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____
4. _____ From: _____ To: _____
5. _____ From: _____ To: _____
6. _____ From: _____ To: _____

List any past Cross-cultural mission experience: _____

_____

_____

_____

EDUCATION

Describe any education you have had that will assist you on this short-term missions trip:

_____

_____

_____

REFERENCE

You must have a Confidential Reference form (attached) turned in to complete the application process. If possible, the form should be completed by your small group leader, ministry leader, etc. where you are currently serving. It should be someone who knows you well, and has seen you serve in ministry. **Please provide below the name of the person to whom you will give the reference form:**

Name:

_____

Relationship: _____ Phone: _____

MISCELLANEOUS

What foreign languages (if any) do you speak? _____

Do you have any specific skills, gifts or interests that made you choose this trip? If so, describe them: _____

_____

Anything else we might need to know? Comments?: _____

_____

_____

The undersigned acknowledges that participation in the events/activities described herein also constitutes approval to be photographed and to have those photographs placed in church-related publications, including the church website. The undersigned also agrees that the information supplied in this application is accurate.

_____ _____

Signature of Applicant *Date*

Minors (under 18): Please have both parents consent to your participation in this GO Team by having them sign on the lines below agreeing to the following statement:

"I am aware of my child's desire to participate in the outreach project described, and I give him/her my whole-hearted support."

_____ _____

Signature of Parent *Date*

_____ _____

Signature of Parent *Date*

Confidential Reference
GO Team Member

To the Applicant: Please give this confidential reference form to a **Crossroads Community Church staff member or ministry leader (Small Group Leader, Jr. High/High School Leader, Staff Member)** who knows you well and has seen you serve in ministry. Ask them to mail the completed form directly to Crossroads at the address below.

Please Note: This reference form is required for those who are seeking to serve on a Crossroads Community Church GO Team.

Dear Friend: _____ is being considered for membership on a short-term mission team for Crossroads Community Church. We would appreciate your willingness to help us understand the applicant and his/her strengths and weaknesses.

1. Your name (please print) _____

   How long have you known this person? _____

   In what capacity? _____

   In what area of ministry have you seen this person serve? _____

2. What, in your opinion, are the major strengths of this person? _____

_____

_____

3. What areas of weakness or need for growth do you perceive in the applicant? Please be specific.

_____

_____

_____

4. Do you consider the applicant to be emotionally and spiritually mature? _____

_____

_____

5. Based upon your knowledge of the applicant, would you recommend his/her participation on a Global Outreach team? _____

If not, why not? _____

_____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Thank you for your time and thought in completing this reference. Please do NOT return it to the applicant, but mail it to the address below:

GO Pastor
Crossroads Community Church
28042 Avenue Stanford, Unit D
Valencia, CA 91355

GO TEAM PROPOSAL

(Will be reviewed by GLT, Forwarded to Elder Board for approval)

1. Who will lead the team: _____

2. What is the destination: _____

3. Dates of trip (including travel dates): _____

4. Who will be your host (Name & Ministry): _____

5. Total size of the team: _____

6. What activity will serve as the bridge to the Gospel (i.e. construction, VBS, food distribution, etc.): _____

7. If the destination is overseas, what is the threat level and needed immunizations.

A. Threat Level:

_____

(http://travel.state.gov/content/passports/english/alertswarnings.html)

B. Immunizations:

_____

(http://wwwnc.cdc.gov/travel)

8. Brief summary of the trip (purpose, goal, people ministering to, method, etc.):

_____

_____

_____

9. Estimated cost per person (additional blanks provided for costs specific to trip):

A. Travel to location (Bus, Gas, Airfare): _____

B. Food: _____

C. Lodging: _____

D. Ground Transportation: _____

E. Ministry Supplies (VBS, construction, etc.): _____

F. Insurance (Overseas Only): _____

G. _____

H. _____

I. _____

Total Cost per person: _____

10. How do you plan raising the funds for this trip (support letters, fund raising, money taken by those going on the trip, etc.):

_____

GO TEAM BUDGET WORKSHEET

Purpose: The goal of this document is to give the Team Leader, the GO Leadership Team (GLT), Elder Board and the potential GO Team Member a good idea of the projected cost of a short-term mission trip. More than just a financial planning tool, this worksheet is also another tool that can be used to help make sure key logistical aspects of a trip are covered.

EVENT	AMOUNT
1. Transportation to the Airport from Crossroads	
2. Transportation to Ministry Location	
3. Food Costs (total per entire team)	
4. Lodging Costs (total per entire team)	
5. Ministry Supplies (total for the entire team)	
6. Transportation during the trip	
7. Transportation from Ministry Location to Airport	
8. Transportation from Airport back to Crossroads	
9. Insurance Cost for the trip (total for team)	
10. Contribution from GO Budget	
11. Total number going on the trip (Total including Team Leader)	
12. Total cost per person	

(To determine the total cost per person add lines 1-9, subtract line 10 and divide line 11; this will be the cost per person)

If there are any other costs not covered above please list below and how these costs will be covered within the budget.

CROSSROADS COMMUNITY CHURCH
ACKNOWLEDGMENT OF RISKS

I, _____, am participating in a Crossroads Community Church GO Team trip to _____ during the dates of _____. Although Crossroads Community Church makes every effort to provide a safe environment, I understand that certain risks cannot be eliminated due to the nature of international travel.

I understand that these risks include the possibility of a hostile reaction to my presence or to the work of the team in the country where we are serving. I am also aware that if the need for medical attention arises, the quality of care I may receive in the country where I am serving might be substantially less than what I would expect in the United States. I UNDERSTAND THAT IN PARTICIPATING IN THE OUTREACH TRIP, I RUN THE RISK OF PHYSICAL OR MENTAL INJURY, OR IN EXTREME CASES, LOSS OF LIFE.

RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of my being permitted to participate in a Crossroads Community Church GO Team trip and to engage in all activities that are associated with the trip I, _____, AGREE TO THE FOLLOWING:

1. I RELEASE, WAIVE and forever discharge Crossroads Community Church, its Pastors, Employees, Officers, Volunteers, Board and Agents (collectively Crossroads Community Church) from ALL LIABILITY to me, my family, heirs, assigns, personal representatives or next of kin for ANY LOSS OR DAMAGE RESULTING FROM PHYSICAL OR MENTAL INJURY, DEATH OR PROPERTY DAMAGE arising from my participation on this Crossroads Community Church GO Team trip. I PROMISE NOT TO SUE Crossroads Community Church for any claim that is released under this Agreement.

2. I AGREE TO INDEMNIFY AND HOLD HARMLESS Crossroads Community Church for any loss, liability, damage or costs incurred due to my participation on this Crossroads Community Church GO Team trip.

3. I ASSUME FULL RESPONSIBILITY FOR RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising from my participation on this Crossroads Community Church GO Team trip.

4. I expressly agree that this Agreement is intended to be as broad as allowed by California law, and if any part of it is deemed unenforceable, the rest of the Agreement shall remain in full force and effect.

5. I HAVE READ AND UNDERSTOOD this "Release, Waiver of Liability and Indemnity Agreement" and have signed it voluntarily, and agree that no oral representations, agreements, or inducement, apart from the foregoing written agreement have been made. I HAVE READ AND UNDERSTOOD THIS "RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT" AND AGREE TO IT.

Date: _____ Signature: _____

Form Due: Submitted with completed GO Team Application

CROSSROADS COMMUNITY CHURCH
ACKNOWLEDGMENT OF RISKS - MINOR

My child, _____, is participating in a Crossroads Community Church GO Team trip to _____ during the dates of _____. Although Crossroads Community Church makes every effort to provide a safe environment, I understand that certain risks cannot be eliminated due to the nature of international travel.

I understand that these risks include the possibility of a hostile reaction to my presence or to the ministry of the team in the country where they are serving. I am also aware that if the need for medical attention arises, the quality of care my child may receive in the country where he/she is serving might be substantially less than what I would expect in the United States. I UNDERSTAND THAT IN PARTICIPATING IN THE GO TEAM TRIP, MY CHILD RUNS THE RISK OF PHYSICAL OR MENTAL INJURY, OR IN EXTREME CASES, LOSS OF LIFE.

RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of my child being permitted to participate in a Crossroads Community Church GO Team trip and to engage in all activities that are associated with the trip I, _____, AGREE TO THE FOLLOWING:

1. I RELEASE, WAIVE and forever discharge Crossroads Community Church, its Pastors, Employees, Officers, Volunteers, Board and Agents (collectively Crossroads Community Church) from ALL LIABILITY to me, my family, heirs, assigns, personal representatives or next of kin for ANY LOSS OR DAMAGE RESULTING FROM PHYSICAL OR MENTAL INJURY, DEATH OR PROPERTY DAMAGE arising from my child's participation on this Crossroads Community Church GO Team trip. I PROMISE NOT TO SUE Crossroads Community Church for any claim that is released under this Agreement.

2. I AGREE TO INDEMNIFY AND HOLD HARMLESS Crossroads Community Church for any loss, liability, damage or costs incurred due to my child's participation on this Crossroads Community Church GO Team trip.

3. I ASSUME FULL RESPONSIBILITY FOR RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising from my child's participation on this Crossroads Community Church GO Team trip.

4. I expressly agree that this Agreement is intended to be as broad as allowed by California law, and if any part of it is deemed unenforceable, the rest of the Agreement shall remain in full force and effect.

5. I HAVE READ AND UNDERSTOOD this "Release, Waiver of Liability and Indemnity Agreement" and have signed it voluntarily, and agree that no oral representations, agreements, or inducement, apart from the foregoing written agreement have been made. I HAVE READ AND UNDERSTOOD THIS "RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT" AND AGREE TO IT.

Date: _____ Signature: _____

Form Due: Submitted with completed GO Team Application

Crossroads Community Church
Airline Ticket Reimbursement Policy

In order to benefit from the best possible prices for air travel, Crossroads Community Church will need to advance funds to purchase plane tickets for all of the GO Team members as early as three to four months before the date of departure. These tickets are non-refundable, and the purchase of 90 or more plane tickets represents a significant financial commitment on behalf of the church. We expect that the financial support raised by the team members will cover these costs. However, circumstances may arise in which a team member would need to withdraw from the trip before departure, and before raising enough support to cover the price of the ticket already purchased in his or her name. This is why we are asking all the GO Team members to make a commitment to reimburse the church for the price of the plane ticket if he or she withdraws from the trip, or is asked to withdraw, before raising the necessary funds.

"I have read and understand Crossroads Community Church's plane ticket reimbursement policy for GO Team members as described above, and I commit myself to reimburse to the church the cost of the plane ticket purchased in my name if my plans change or I am asked to withdraw from the team prior to raising sufficient funds to cover the costs involved." I understand that by signing this form I am giving permission for an airline ticket to be purchased in my name. I understand that I have until 5:00 pm on Thursday, March 12, 2015 to inform the GO Pastor that I am not participating in the mission trip.

_____
Name (please print clearly)

_____
Signature of team member
(Parents' signature if GO Team member is under age 21)

_____ / _____ / _____
Date

Form Due: Information Meeting or no later than March 1, 2015

A copy of this signed form will be returned to you.

CROSSROADS COMMUNITY CHURCH (CCC)
AUTHORIZATION FOR EMERGENCY MEDICAL CARE - ADULTS

I, the undersigned

_____ _____

Name – **please print** *Birth date*

do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary should I experience any illness or accident while traveling with the tour group from ***CCC*** of ***Santa Clarita, California, USA*** to _____.

This release is effective: from _____ to _____.
(Dates of trip)

Dated this _____ day of _____ Month and Year)

at _____ (City and State)

_____
Signature

Please answer the following questions:

To your knowledge, are you allergic to any medications? _____Yes _____No. If yes, please list medications:

Will you be taking any medications (prescription or otherwise) while on this trip?
_____ Yes _____ No. If yes, please list medications: (please use back of page if necessary)

Name _____ Strength _____ Dosage _____

Do you have any medical disorder or condition which medical/dental persons should be aware of?
_____ yes _____ no. If yes, please list condition(s):

Form Due: <u>One month before departure</u>
Please do not turn this form in until notified to do so

CROSSROADS COMMUNITY CHURCH (CCC)
AUTHORIZATION TO LEAVE THE COUNTRY - MINORS

To the required authorities:

I/We the undersigned parents or legal guardians of the minor listed below:

_____ _____

(Minor's full name) – **please print** *Birth date*

have given permission to _____ to take our minor child out of the United States into _____ during the dates of _____. The above minor is a member of the tour group from CCC, of Santa Clarita, California, USA. We have also given permission for above named adults to take our child out of _____ and return to Santa Clarita, California, USA.

Furthermore, during the dates of _____ we authorize the above named adults to seek any necessary medical care should our minor child experience any illness or accident which could require necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be rendered to said minor under the guardian, specific, or special consent of above stated adults who are the temporary custodians of the said minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a licensed hospital. I understand that CCC has purchased travel/medical insurance for the trip and dates listed above.

Dated this _____ day of _____(Month and Year) at _____

(City and State).

_____ _____

Father, signature **Mother, signature**

_____ _____

Legal guardian, signature **Legal guardian, signature**

Address: _____

Daytime phone: (_____)_____ Evening phone: (_____)_____

Person(s) to be reached if parent/guardian cannot be contacted:

_____ (_____) _____

Name – **please print** *Phone*

_____ (_____) _____

Name – **please print** *Phone*

_____

Notary Stamp **Notary Signature**

CROSSROADS COMMUNITY CHURCH (CCC)
AUTHORIZATION FOR EMERGENCY MEDICAL CARE - MINORS

I/We the undersigned parents(s) or legal guardian of the minor listed below:

_____ _____

(Minor's name) – **please print** *(Birth date)*

do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be rendered to said minor under the guardian, specific, or special consent to _____, the temporary custodians of the said minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a licensed hospital. I/We authorize the physician or dentist to call in any necessary consultants at his/their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. It is further understood that those persons who have temporary custody of said minor will attempt to talk with the parent(s)/legal guardian via the telephone numbers listed below before treatment is rendered.

Consent for dates: _____

At least one parental **OR** legal guardian signature is required:

_____ _____

Father, signature ***Mother, signature***

_____ _____

Legal guardian, signature ***Legal guardian, signature***

Address: _____

Daytime phone: (_____)_____ Evening phone: (_____)_____

Person(s) to be contacted if parent OR legal guardian cannot be reached:

_____ (_____)_____

Name – **please print** *Phone*

_____ (_____)_____

Name – **please print** *Phone*

Please answer the following questions: (please print clearly) (use extra space on last page if needed)

To your knowledge, is your child allergic to any medications? _____ Yes _____ No

If yes, please list medications (use reverse side if necessary)

Will your child be taking any medications (prescription or otherwise) while in the care of the above temporary custodians? _____ Yes _____ No. If yes, please list medications: (use reverse side if necessary)

Does your child have any medical disorder or condition of which the adult leaders should be aware of?
_____ yes _____ no. If yes, please list condition(s):

Form Due: One month before departure
Please do not return form until notified to do so.