Chinese Christian Church of New Jersey
Adult Short Term Missions Application

Name: _____ _____ Chinese Name: _____
First Last

Phone number: _____ Email Address: _____

Home Address:_____

Emergency contact person: _____; Phone number: _____

Date of Birth: _____ Sex: M_____; F_____

Are you a US Citizen? Yes____ No _____
If no, what is your country of citizenship: _____
Does your VISA allow multiple entries into US? Yes_ No__

Where & when have you been baptized? _____

Are you a member of CCCNJ? Yes_____ No____
If no, which church are you a member of? _____
Church Pastor / Elder's name: _____ Phone #: _____

Please summarize your previous short-term missions and / or relevant ministry experience:

_____

_____

Your Mission destination and dates: _____

The Sponsor organization & Leader's Name: _____

Your major program in the field: _____

Your transportation budget (including air fare & other transportation): $_____

Please provide the endorsement either from your church Pastor or Elder:

_____ _____
Signature of the Church Pastor or Elder Supporting this application Date

_____ _____
Applicant's Signature Date

Rev. 2011