



Cole Valley Christian Schools Short-Term Mission Application

Circle your trip: Puerto Rico Mar14th-21st, 2026 \$900 + airfare
Philippines June 4th-18th, 2026 \$4,500
Kenya June 13th-27th, 2026 \$5,000 approx.

Please return completed application with medical history form, copy of health insurance card and \$100.00 deposit (check to CVCS) to Mrs. Moehlmann. Puerto Rico app/deposit due by Sept 12th. Philippines and Kenya app/deposit due by Nov 3rd. Passport and current immunizations are required for all trips (not included in trip cost) PLEASE ATTEND PARENT INFORMATIONAL MEETING ON MONDAY, SEPT 8TH, AT 7 P.M. IN THE ANNEX

Name (First, Middle, Last) **Please Print Clearly** Email Address

Home Phone # Cell Phone # Date of Birth (m/d/yr)

Street or Mailing Address City State Zip

Employer Occupation Current Grade Level

Home Church Pastor's name

How did you hear about this trip?

Emergency Contact Information:

Name Relationship

Phone number Email

Address

Dentist Name and Phone Number:

Family Doctor's Name and Phone Number:

Health Insurance Company and Policy #: (please attach a copy of your health insurance card to this application)

List any past mission trip experiences: (include name of sponsor organization, where you went, your responsibilities etc.)

Have you prayed about joining this mission team? Do you have parental permission to go?

Why do you want to go on this trip? _____

Do you have any fears, doubts, or reservations about going on the trip? If so, what are they?

What are your gifts and talents? _____

Are you a follower of Jesus Christ? _____ If so, share your testimony (add separate piece of paper if needed).

Print Name _____	Print Parent Name _____
Signature _____	Parent Signature _____
Parent Email _____	Parent Phone Number _____
Date _____	Date _____

MEDICAL HISTORY FORM

Name: _____ Date of Birth: _____ Phone #: _____

Personal History of Disease

Have you ever had any of the following illnesses? (Circle if yes)

Diabetes	Cancer	Asthma	Bleeding Disorder	Stroke	Heart Disease
High Blood Pressure	Kidney Disease	Mental Illness	Other		

If so, explain _____

Are you taking any medications on a regular basis? _____

Write down any food, drug, latex, or other allergies _____

Have you ever been hospitalized? If yes, when and why? _____

Have you ever had any surgery? If yes, list type, date and hospital _____

Have you ever or do you now use tobacco? Yes / No. If yes, how long? _____ How much? _____

If an adult, do you drink alcohol? Yes / No. If yes, how often? _____

What do you do for physical activity? _____

This trip may be physically strenuous. Do you have any physical limitations that may limit your ability to participate?

Do you have any dietary restrictions? _____

Date of last exam by physician _____

If you are a student, have you ever traveled without your parents? Yes / No.

Have you ever spent time without electricity, running water or indoor plumbing? Yes / No.

Mental Health History

Have you ever struggled with depression, anxiety or any mental illness? (please explain) _____