

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 1 of 5



ESWATINI MISSION TEAM APPLICATION

Trip Applying for: _____
MONTH & YEAR

Comments: _____

PERSONAL INFORMATION

Applicant Name: _____
As it appears on your passport

Name you prefer to go by, if different than above: _____

Home Address: _____

Phone number: _____ cell home

Email Address: _____

Occupation: _____

Employer: _____ Start Date: _____ / _____ / _____
MONTH DAY YEAR

Marital Status: Single Married Divorced Widowed Engaged

Spouse Name: _____ Years Married: _____

CAPITAL CHURCH ESWATINI APPLICATION FORM , PAGE 2 of 5

 **ESWATINI MISSION TEAM APPLICATION**

Passport Number: _____ Issue Date: _____ / _____ / _____
MONTH DAY YEAR

Expiration Date: _____ / _____ / _____
MONTH DAY YEAR

Date of Birth: _____ / _____ / _____ Place of Birth: _____
MONTH DAY YEAR CITY & STATE

Current Nationality: _____ Previous Nationality: _____

Specific skills you hope to utilize for this project/trip:

Why you would like to participate on this project/trip:

Have you served on a mission team before?: _____

If yes, where/when: _____

List previous international experience: _____

CAPITAL CHURCH ESWATINI APPLICATION FORM , PAGE 3 of 5



ESWATINI MISSION TEAM APPLICATION

Do you regularly attend Capital Church?: _____ If so, for how long?: _____

List church affiliation if other than Capital: _____

Describe your church involvement:

GENERAL HEALTH INFORMATION

The following medical information is required to be kept confidential by Capital Church under applicable law. It is important to your team, Capital Church, and the children you visit that you respond fully and accurately.

General Health Condition: _____

Have you had a complete physical examination within the last year? Yes No

Will you obtain the vaccinations recommended by the U.S. CDC for your destination? Yes No

Do you have any pre-existing medical conditions? Yes No

If yes, please explain: _____

*Depending on your pre-existing condition, Capital Church may require a medical release from your doctor to go on this trip.

CAPITAL CHURCH ESWATINI APPLICATION FORM , PAGE 4 of 5

 **ESWATINI MISSION TEAM APPLICATION**

What medications are you currently taking or will be taking at the time of this trip?

Please list any physical limitation that may prevent you from participating in certain activities overseas:

Please notify us of any dietary restrictions:

*Due to the nature of your trip, we cannot guarantee that all of your provided meals will meet your specific requirements.

CAPITAL CHURCH ESWATINI APPLICATION FORM , PAGE 5 of 5

ESWATINI MISSION TEAM APPLICATION

BACKGROUND & CRIMINAL HISTORY INFORMATION

Within the past 10 years, have you been professionally treated for any addictive condition, including treatment in a rehab program, detox, sober living environment or similar? Yes No

If yes, please explain: _____

*Note: Background checks can be performed by computer and Capital Church reserves the right to do so.

It is critical to our program that the question below be answered truthfully.

Have you ever been convicted of a crime? (Other than a minor traffic violation) Yes No

If yes, please fully explain: _____

CAPITAL CHURCH ESWATINI APPLICATION FORM

 **ESWATINI MISSION TEAM APPLICATION**

This page intentionally left blank

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 1 of 4

 **SPRITUAL REFERENCE FORM**

APPLICANT INFORMATION

Information to be completed by applicant:

Trip dates: _____

Name of applicant: _____

Name of spiritual reference: _____

Reference contact information: _____

Reference phone: _____

SPIRITUAL REFERENCE INFORMATION

Questions to be completed by spiritual reference (church leader, small group leader, pastor, etc.):

Keep confidential: Please place this form in a sealed envelope to ensure confidentiality. Return to the applicant or mail to the Capital Church office as soon as possible (**1010 East 700 South, Salt Lake City, Utah 84102**).

What is your relation to the applicant? _____

How long and well have you known the applicant? _____

How does the applicant get along and work with others? _____

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 2 of 4

 **SPRITUAL REFERENCE FORM**

How has the applicant demonstrated leadership ability? _____

What are the applicant's strengths? _____

What challenges do you expect the applicant would face in this experience? How do you suggest we could best support the applicant?

Have you ever had occasion to question the applicant's morals, honesty, etc.? Yes No

Please comment: _____

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 3 of 4

 **SPRITUAL REFERENCE FORM**

How do you feel the applicant will respond in a cross cultural setting? _____

How does the applicant react in stressful situations? _____

Has the applicant ever shown signs of rebellion? Yes No

Please comment: _____

What are some evidences of the applicant growing in his/her walk with God?

What attitude has the applicant demonstrated toward evangelism and relief opportunities?

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 4 of 4

 **SPRITUAL REFERENCE FORM**

Do you feel the applicant is suited to participate in an international mission? Yes No

Please comment: _____

I recommend the applicant: Without hesitation With reservation I do not recommend

Any additional comments:

I declare by my signature below that the above statements are true to the best of my knowledge.

PRINT FULL NAME

SIGNATURE

DATE



CAPITAL CHURCH ESWATINI APPLICATION FORM

 **SPRITUAL REFERENCE FORM**

This page intentionally left blank

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 1 of 4

 **FRIEND/PEER REFERENCE FORM**

APPLICANT INFORMATION

Information to be completed by applicant:

Trip dates: _____

Name of applicant: _____

Name of reference: _____

Reference home address: _____

Reference phone: _____

Reference email: _____

REFERENCE INFORMATION

Questions to be completed by a friend:

Keep confidential: Please place this form in a sealed envelope to ensure confidentiality. Return to the applicant or mail to the Capital Church office as soon as possible (**1010 East 700 South, Salt Lake City, Utah 84102**).

The information you provide on this reference form is important. Applicants accepted to travel on an international trip will face significant challenges personally, spiritually, socially and culturally. Therefore, we need to have a complete picture of the applicant’s strengths and weaknesses. Do not be afraid to be honest; weaknesses or negative information does not necessarily mean the person will be disqualified. We may follow up with you if we need further clarification in order to make the best choice for the applicant and the team Thank you for your help.



CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 2 of 4

 **FRIEND/PEER REFERENCE FORM**

What is your relation to the applicant? _____

How long and well have you known the applicant? _____

How does the applicant get along and work with others? _____

How has the applicant demonstrated leadership? _____

How does the applicant relate to members of the opposite sex? _____

What are the applicant's individual strengths? _____

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 3 of 4

 **FRIEND/PEER REFERENCE FORM**

What are the applicant's strengths in a group?

How do you see he/she demonstrate serving other before him/herself?

What challenges do you think the applicant might face in an international mission trip/group environment?

Have you ever had occasion to question the applicant's morals, honesty, etc.? Yes No

Please comment: _____

How do you feel the applicant will respond in a cross-cultural setting?

Have you ever known the applicant to demonstrate depression, anxiety or withdrawal? yes no

Please comment: _____

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 4 of 4

 **FRIEND/PEER REFERENCE FORM**

In what ways has the applicant encouraged or influenced you?

Would you want the applicant on your team? Yes No

Please comment: _____

I recommend the applicant: Without hesitation With reservation I do not recommend

Any additional comments: _____

I declare by my signature below that the above statements are true to the best of my knowledge.

PRINT FULL NAME

SIGNATURE

DATE



CAPITAL CHURCH ESWATINI APPLICATION FORM

 **FRIEND/PEER REFERENCE FORM**

This page intentionally left blank

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 1 of 4**FRIEND/PEER REFERENCE FORM****APPLICANT INFORMATION**

Information to be completed by applicant:

Trip dates:

Name of applicant:

Name of reference:

Reference home address:

Reference phone:

Reference email:

REFERENCE INFORMATION

Questions to be completed by a friend:

Keep confidential: Please place this form in a sealed envelope to ensure confidentiality. Return to the applicant or mail to the Capital Church office as soon as possible (**1010 East 700 South, Salt Lake City, Utah 84102**).

The information you provide on this reference form is important. Applicants accepted to travel on an international trip will face significant challenges personally, spiritually, socially and culturally. Therefore, we need to have a complete picture of the applicant's strengths and weaknesses. Do not be afraid to be honest; weaknesses or negative information does not necessarily mean the person will be disqualified. We may follow up with you if we need further clarification in order to make the best choice for the applicant and the team Thank you for your help.

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 2 of 4

 **FRIEND/PEER REFERENCE FORM**

What is your relation to the applicant? _____

How long and well have you known the applicant? _____

How does the applicant get along and work with others? _____

How has the applicant demonstrated leadership? _____

How does the applicant relate to members of the opposite sex? _____

What are the applicant's individual strengths? _____

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 3 of 4

 **FRIEND/PEER REFERENCE FORM**

What are the applicant's strengths in a group?

How do you see he/she demonstrate serving other before him/herself?

What challenges do you think the applicant might face in an international mission trip/group environment?

Have you ever had occasion to question the applicant's morals, honesty, etc.? Yes No

Please comment: _____

How do you feel the applicant will respond in a cross-cultural setting?

Have you ever known the applicant to demonstrate depression, anxiety or withdrawal? yes no

Please comment: _____

CAPITAL CHURCH ESWATINI APPLICATION FORM, PAGE 4 of 4

 **FRIEND/PEER REFERENCE FORM**

In what ways has the applicant encouraged or influenced you?

Would you want the applicant on your team? Yes No

Please comment: _____

I recommend the applicant: Without hesitation With reservation I do not recommend

Any additional comments: _____

I declare by my signature below that the above statements are true to the best of my knowledge.

PRINT FULL NAME

SIGNATURE

DATE



CAPITAL CHURCH ESWATINI APPLICATION FORM

 **FRIEND/PEER REFERENCE FORM**

This page intentionally left blank

CAPITAL CHURCH ESWATINI APPLICATION FORM

ALCOHOL AND DRUG-FREE POLICY

It is the intention of Capital Church to foster an alcohol-and-drug-free policy for mission trips to allow team members to have space to live, work, serve, and grow in an environment free from these substances.

While serving on a mission trip, we ask team members to act and relate with others in a manner that is above reproach. We willingly allow our liberties and freedoms to be restricted somewhat, in order to reach many while not becoming a stumbling block to those we serve.

Upon arriving at the Salt Lake departure location (e.g. airport or other designated area), throughout the entirety of the mission trip, until returning back to the final destination (usually same as the Salt Lake departure location), the use, possession or distribution of

- a. alcoholic beverages,
- b. tobacco (including but not limited to cigarettes, snuff, cigars, pipe tobacco, chewing tobacco, or E-cigarettes/vaporizers),
- c. illegal drugs, or
- d. other controlled substances (including misuse of prescribed medications or any other substance with the intent of becoming impaired/intoxicated)

by any Capital mission team member is prohibited and violates this policy unless an expressly written exception is executed by each of the following: the team member, the team leader, and a Capital staff member.

Each team member acknowledges noncompliance with this policy will prevent the individual from serving on any future mission trip through Capital Church, and depending on the severity of the circumstances, may lead to dismissal from the team and returning home early at his or her own expense.

Your signature indicates your knowledge and understanding of the above information, as well as your willingness to comply with it in its entirety prior to the trip, during the trip, and for all post-trip activities and events.

PRINT FULL NAME

SIGNATURE

DATE

CAPITAL CHURCH ESWATINI APPLICATION FORM**TEAM MEMBER COMMITMENTS**

1. I commit to serve the Swazi people, our Children's Hope Chest and Adventures in Missions partners, and my team members with respect, honor, humility and love.
2. I commit to prepare for this mission trip by studying God's word and seeking his guidance in all my actions and decisions.
3. I commit to attend all activities and meetings. Schedule conflicts must be addressed in advance with team leaders.
4. I commit to help with activities and to participate on committees as necessary. Certain activities (Packing Day, send-off church services) are mandatory.
5. If I am a team member living out-of-state, I commit to either participate by phone or get an electronic copy of all information and I agree to review it with a team member who was in attendance at the meeting.
6. I commit to submitting to the leadership authority of my team leader(s), the Capital Swaziland ministry leaders, and our Swaziland field partners.
7. I commit to following all cultural and safety guidelines provided by my team leader(s), the Capital Swaziland ministry leaders, and our Swaziland field partners.

Your signature indicates your knowledge and understanding of the above commitments, as well as your willingness to comply with it in its entirety prior to the trip, during the trip, and for all post-trip activities and events.

PRINT FULL NAME

SIGNATURE

DATE