

# TCAA SPONSORED MISSION TRIP PARTICIPANT APPLICATION

The Church at Arrowhead

After completing this form, please return it to Shanna Conroy, Office Manager, c/o The Church at Arrowhead, 7902 W. Union Hills Dr. Glendale, AZ 85308, email to [sconroy@tcaa.com](mailto:sconroy@tcaa.com) or fax to 623-572-1244

**PLEASE PRINT LEGIBLY**

Project/Trip Name: \_\_\_\_\_

Trip Date/Location: \_\_\_\_\_

Your Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

(If Needed) Passport # \_\_\_\_\_ Date issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issue location: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- |  |   |
|--|---|
| <input type="checkbox"/> Approved                        | <input type="checkbox"/> Not Approved         |
| <input type="checkbox"/> Medical Forms                   | <input type="checkbox"/> Release of Liability |
| <input type="checkbox"/> Shots up to date                | <input type="checkbox"/> Reducing the Risk    |
| <input type="checkbox"/> Deposit Due: _____ Amt.\$ _____ |   |
| <input type="checkbox"/> Financial Assistance Requested  |   |
| <input type="checkbox"/> Photo Copy of Passport          |   |

• Are you a current or previous member of TCAA? Yes \_\_\_ No \_\_\_ How long? Years \_\_\_ Months \_\_\_  
If NO, where is your current church membership? \_\_\_\_\_

• Please describe/list any pre-existing medical conditions/medications you have or take: \_\_\_\_\_  
\_\_\_\_\_

• Have you been on a Mission trip before? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ Traveled to: \_\_\_\_\_  
What was your role during this trip? \_\_\_\_\_

• Have you received financial support from TCAA for a previous mission project? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_  
Traveled to: \_\_\_\_\_ Which project: \_\_\_\_\_

• Is financial assistance needed in order to make it possible for you to make this trip? Yes \_\_\_ No \_\_\_

**\* If requesting financial assistance, please complete an "Application For A Scholarship For A Church Sponsored Mission Trip"**

• Describe your motivation for participating: \_\_\_\_\_  
\_\_\_\_\_

• Please list **10 people** who have agreed to pray daily for you on this trip: (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_  
(5) \_\_\_\_\_ (6) \_\_\_\_\_ (7) \_\_\_\_\_  
(8) \_\_\_\_\_ (9) \_\_\_\_\_ (10) \_\_\_\_\_

• Will you be willing to submit to a background check if necessary? Yes \_\_\_ No \_\_\_

**Please complete other side.....**

- Please list any foreign languages spoken and level of proficiency, special skills, talents, or abilities that you feel may be helpful.

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- In the space below, please provide your personal Christian testimony: (Attach additional sheets if needed)

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**If your request is approved, upon completion of your trip, we ask that you write and submit to the Church Office a one-page letter about your mission project. If you agree to submit a letter about your mission project, please sign your name in the space provided.**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_