



**MID-TERM CROSS-CULTURAL WORKER
SUPPORT APPLICATION**

Date _____

Personal

Name _____ Birthdate _____
Address _____ City, State, Zip _____
Day Phone _____ Evening Phone _____ Cell Phone _____
E-mail _____
Marital Status Married Single Widowed Divorced
If married, does your spouse support this application? Yes No Not applicable
If no, please explain.

Relationship with CCIW

Regular attender Since _____
Member Date joined _____
Other If other, what is your affiliation? _____

Expected Dates of Service and Organization

Expected beginning date _____ Ending date _____
Location of service _____
Name of organization _____
Organization website _____
Address _____ City, State, Zip _____
Telephone: _____ Contact Person: _____ Title: _____
Describe expected ministry:

Briefly describe why you would like to go on this short term trip:

"Family" Experience and Service

Write a brief testimony of your conversion and personal growth.

Involvement in CCIW activities

Other "family" and community service activities

What are your long-range goals or plans regarding cross-cultural service?

How will this experience help you achieve your long-range goals?

Educational and Employment History

Education (and degrees): _____

Currently a student? Yes No Where? _____ What year? _____

Work Experience

Present job or profession

Reference

Please give the name, address, and phone number of a CCIW member or regular attendee whom you know well and is willing to serve as a reference.

Name _____ Phone _____

Address _____

Medical Information

Do you have *any* known medical condition which may affect you when going into an area where there may be physical stresses and lack of adequate medical care and where emergency services may not be readily available?

If so, please describe.

Financial Information (if available, please provide a detailed support schedule)

For trips 2 months or longer:

Travel costs _____
Housing & food costs _____
Other _____
Total monthly support needed _____
Total monthly support already pledged _____
One-time outgoing expenses (if applicable) _____

For trips less than 2 months:

Travel costs _____
Housing & food costs _____
Other _____
Total support needed _____
Total support already pledged _____

Other possible sources of support _____

Name of home family _____

Check made payable to _____

Address to which the check could be sent _____

City, State, Zip _____

CCIW Foundational Truths

Are you in agreement with the foundational truths of which CCIW believes? Please refer to CCIW's website to review this document.) Yes No

Submit this application at the church office at 332 E. Seminary, Wheaton, IL 60187 three to six months before your departure. Applications can be sent as attached files to ccinwheaton@gmail.com.
Please send a digital photo of yourself if available.