

Chinese Christian Church of New Jersey
Youth/College Short Term Missions Application (short Form*)

Name: _____ Chinese Name: _____
 Last First Middle Initial

Application Date: _____ Mission Preference 1: _____ 2: _____

Current Address: _____

Phone No: (____) ____ - _____ Email Address: _____

Permanent Address (if different): _____

Phone Number (if different) : (____) ____ - _____

Date of Birth: _____ Sex: (Male Female)

Education: (High school College Graduate Career)

Major or anticipated major: _____

Current profession (if applicable) : _____

Are you a US Citizen? Yes ____ No ____

If not, what is your country of citizenship: _____

Does your VISA allow multiple entry into US? Yes ____ No ____

Are you a member of CCCNJ or do you attend service at CCCNJ regularly? Yes ____ No ____

If not, which church are you a member of : _____

Church Pastor/Advisors name: _____

Phone Number: (____) ____ - _____

Prayer Support: Have you raised Prayer Support?

Church Ministry:

Where: _____

For how long: _____

At what capacity: _____

* Only if you filled out the Youth/College Short Term Mission Application in your previous mission trip before, then you may fill out this short form.

