



SHORT-TERM MISSIONS GROUP APPLICATION FORM

PLEASE PRINT in ink or type

*This form should be completed by the Group Leader and returned to the
Communities of Grace office or emailed to damon@gocogi.com*

CONTACT INFORMATION

Group Name (Church/Organization): _____
Church/Organization Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Website: _____
Tax ID Number: _____
Group Leader Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
E-mail: _____

TRAVEL INFORMATION

Estimated Group Size: _____ Group Age Range: _____
Dates of Interest: _____ Desired Location to Work: _____
Work Interest: _____

LEADER RESPONSIBILITIES

- Trips must be scheduled six months in advance.
- As Group Leader, you will be responsible for distributing applications and paperwork as well as collecting personal and travel information from each team member.
- Copy and distribute the Character & Policy Statement and Release Form.
- Please collect completed forms from each team member. In order to travel on behalf of COGI, both forms must be completed and returned along with the Group Application.
- Please create a list of names and contact information for all people traveling in your group. This list will need to be submitted along with your Group Application.
- You will need to check with your doctor, health department, or visit www.cdc.gov to understand the vaccines required for your group's destination.
- Please understand that people with serious medical conditions, i.e. heart problems or women who are pregnant, are asked to carefully consider the risks involved in taking an international trip. COGI will not be held liable for any accidents, injuries, or deaths.
- Traveler's Insurance is required.