



Leader/Summer Mission Team (SMT) Application

_____ Year

Leader Information

Male Leader _____ Contact (cell) _____ Contact (email) _____

Led a prior YOM SMT? Yes Year(s)? _____ Country* _____
 No

Do/did you work at PCC? Yes # of Years? _____ Employment: Faculty Staff** Retired PCC Alumnus? Yes Graduation year? _____
 No No

*If having led a prior YOM SMT to multiple countries, list all countries. **12-month contract employees will need to use their PTO for the trip.

Female Leader _____ Contact (cell) _____ Contact (email) _____

Led a prior YOM SMT? Yes Year(s)? _____ Country* _____
 No

Do/did you work at PCC? Yes # of Years? _____ Employment: Faculty Staff** Retired PCC Alumnus? Yes Graduation year? _____
 No No

*If having led a prior YOM SMT to multiple countries, list all countries. **12-month contract employees will need to use their PTO for the trip.

Additional Comments _____

Trip Information

Mission field (*country**) _____ Dates _____ Team Size _____ Cost (per person**) \$ _____

What is the purpose of your trip and why are you proposing it? _____

*If ministering to multiple countries, list all the countries. **Amount should be calculated from the Financial Calculation Worksheet.

Additional Comments _____

Missionary/Ministry Information

Missionary _____	Mission Board _____	Years on Field _____
Church/Ministry _____	City/Region _____	
Is missionary supported by Campus Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is missionary a PCC alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation year? _____
Ministry Opportunities <i>(check all that apply)</i>		
<input type="checkbox"/> Church (preaching/teaching/special music, etc.)	<input type="checkbox"/> Construction/Repair	<input type="checkbox"/> Medical/Clinic
<input type="checkbox"/> Camp	<input type="checkbox"/> Drama	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Children's Home/Orphanage	<input type="checkbox"/> Educational/School/Teaching	<input type="checkbox"/> Revival
<input type="checkbox"/> Community Projects (park clean-up/food distribution, etc.)	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Soulwinning
<input type="checkbox"/> Conference/Seminar (Leadership/Men's/Ladies/Music, etc.)	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Sports
		<input type="checkbox"/> Tract Distribution
		<input type="checkbox"/> VBS/Bible Clubs
		<input type="checkbox"/> Youth Rally/Outreach

Missionary _____	Mission Board _____	Years on Field _____
Church/Ministry _____	City/Region _____	
Is missionary supported by Campus Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is missionary a PCC alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation year? _____
Ministry Opportunities <i>(check all that apply)</i>		
<input type="checkbox"/> Church (preaching/teaching/special music, etc.)	<input type="checkbox"/> Construction/Repair	<input type="checkbox"/> Medical/Clinic
<input type="checkbox"/> Camp	<input type="checkbox"/> Drama	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Children's Home/Orphanage	<input type="checkbox"/> Educational/School/Teaching	<input type="checkbox"/> Revival
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Church/Ministry _____	City/Region _____	
Is missionary supported by Campus Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is missionary a PCC alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation year? _____
Ministry Opportunities <i>(check all that apply)</i>		
<input type="checkbox"/> Church (preaching/teaching/special music, etc.)	<input type="checkbox"/> Construction/Repair	<input type="checkbox"/> Medical/Clinic
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		<input type="checkbox"/> Sports
		<input type="checkbox"/> Tract Distribution
		<input type="checkbox"/> VBS/Bible Clubs
		<input type="checkbox"/> Youth Rally/Outreach

Additional Comments _____

Financial Calculation Worksheet

Include actual costs factoring in your country's exchange rate (see <https://www.x-rates.com/>). To assist with your flight, accommodation, and vehicle rental estimates, you can use <https://www.expedia.com/>. Besides using a search engine, you can contact your missionary to get food and activity estimates. Not all costs will be applicable to your team. **Note:** As leaders, you are ultimately responsible for accurate trip costs.

<ul style="list-style-type: none"> ○ Pre-Departure (Getting to departure location) <ul style="list-style-type: none"> Flights (<i>leaders only, include luggage/tips</i>) \$ _____ + Accommodation (<i>include meeting rooms</i>) \$ _____ + Vehicle Rental (<i>include gas/insurance</i>) \$ _____ + Train/Bus/Taxi/Ferry \$ _____ + Food \$ _____ + Activity \$ _____ + Total Pre-Departure Costs \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Pre-Departure Costs (per person) \$ _____ + ○ Travel (Departure/In-Country) <ul style="list-style-type: none"> Flights (<i>include luggage/tips</i>) \$ _____ + Vehicle Rental (<i>include gas/insurance</i>) \$ _____ + Train/Bus/Taxi/Ferry \$ _____ + Total Travel Costs \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Travel Costs (per person) \$ _____ + ○ Accommodations (<i>include meeting rooms</i>) <ul style="list-style-type: none"> Total Accommodation Costs \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Accommodation Costs (per person) \$ _____ + ○ Food <ul style="list-style-type: none"> Total Food Costs \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Food Costs (per person) \$ _____ + ○ Activities <ul style="list-style-type: none"> Total Activities Cost \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Activities Costs (per person) \$ _____ + 	<ul style="list-style-type: none"> ○ Supplies <ul style="list-style-type: none"> Training (<i>e.g., notebooks/printing, etc.</i>) \$ _____ + Music \$ _____ + Game Equipment \$ _____ + Craft/Decorations \$ _____ + Total Supplies Cost \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Supplies Costs (per person) \$ _____ + ○ Gifts/Love Offerings <ul style="list-style-type: none"> Total Gifts/Love Offerings Cost \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Gifts/Love Offerings Costs (per person) \$ _____ + ○ Miscellaneous <ul style="list-style-type: none"> Insurance (<i>see https://www.qninsurance.com/</i>) \$ _____ + Visas (<i>see your country's website</i>) \$ _____ + Vaccines (<i>see your country's website</i>) \$ _____ + First-Aid Kit/General Medicine \$ _____ + Team Shirts \$ _____ + Technology (<i>adaptors/phone/printer, etc.</i>) \$ _____ + Prayer Letter (<i>printing/stamps/envelopes, etc.</i>) \$ _____ + Prayer Cards \$ _____ + Total Miscellaneous Costs \$ _____ / Team Size (<i>minus Leaders/Assistants</i>) _____ = Miscellaneous Costs (per person) \$ _____ + ○ Trip Buffer/Overage Fund (per person) \$ _____ + <i>(generally 10-20% of overall trip cost to cover incorrect estimates, foreign exchange fluctuations, and emergencies)</i> ○ YOM Nonrefundable Deposit (per person) \$ _____ 100.00 = <p style="text-align: right;">Total Per Person Cost (add all "per person" costs) \$ </p>
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Approval/Signatures (*Note: All Sports-related mission teams need Athletic Director signature.)

Leader/Coach	Date	Summer Missions Team Coordinator	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Leader/Coach	Date	Vice President for Institutional Advancement	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
*Athletic Director	Date	President	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved