



Leader/Summer Mission Team (SMT) Application

Year _____

Sponsor/Leader Information

Instructions: All YOM Mission Teams are required to have at least one PCC or Affiliate employee sponsor as well as one male and female sponsor/leader (except for all-male teams). List additional sponsors in the Comments section below.

Sponsor: PCC or Affiliate Employee	Sponsor _____	Contact (cell) _____	Contact (email) _____
	Led a prior YOM SMT? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Year(s) _____	Country _____ <small>If having led a YOM SMT to multiple countries, list all countries.</small>
	Note: 12-month contract PCC or Affiliate employees will need to use their PTO for the trip as the Sponsor would travel with the team. <small>*If no, provide missions experience in the Comments section.</small>		

Leader:	Male Leader(s) _____	Contact (cell) _____	Contact (email) _____
	Led a prior YOM SMT? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Year(s) _____	Country _____ <small>If having led a YOM SMT to multiple countries, list all countries.</small>
	Female Leader(s) _____	Contact (cell) _____	Contact (email) _____
	Led a prior YOM SMT? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Year(s) _____	Country _____ <small>If having led a YOM SMT to multiple countries, list all countries.</small>
<small>*If no, provide missions experience in the Comments section.</small>			

Comments _____

Trip Information

Mission field (country*) _____	Dates _____	Student Team Size (min/max) ____ / ____	Cost (per person**) \$ _____
What is the purpose of your trip and why are you proposing it? _____ _____ _____			
<small>*If ministering to multiple countries, list all the countries. **Amount should be calculated from the Financial Calculation Worksheet.</small>			

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 (IMPORTANT: Check all that apply and <u>clearly articulate</u> for each ministry opportunity the scope/details of team participation; to further clarify, add additional comments.)		
<input type="checkbox"/> Church _____	<input type="checkbox"/> Jail/Prison _____	
<input type="checkbox"/> Camp _____	<input type="checkbox"/> Medical/Clinic _____	
<input type="checkbox"/> Children's Home/Orphanage _____	<input type="checkbox"/> Nursing Home _____	
<input type="checkbox"/> Community Projects _____	<input type="checkbox"/> Revival _____	
<input type="checkbox"/> Conference/Seminar _____	<input type="checkbox"/> Soulwinning/Tract Distribution _____	
<input type="checkbox"/> Construction/Repair _____	<input type="checkbox"/> Sports _____	
<input type="checkbox"/> Drama/Music _____	<input type="checkbox"/> VBS/Bible Clubs _____	
<input type="checkbox"/> Educational/School/Teaching _____	<input type="checkbox"/> Youth Rally/Outreach _____	
<input type="checkbox"/> Evangelistic Meeting/Crusade _____	<input type="checkbox"/> Other _____	
Comments _____		

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Comments _____		

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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? _____

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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 (IMPORTANT: *Check all that apply and clearly articulate for each ministry opportunity the scope/details of team participation; to further clarify, add additional comments.*)

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Comments _____

Financial Calculation Worksheet

Include all sponsor/leader/student costs factoring in your country's exchange rate (see <https://www.x-rates.com/>). For flight, accommodation, and vehicle rental estimates, you can use <https://www.expedia.com/>. For food and activity estimates, use a search engine or contact your missionary. To learn more about your country, go to <https://travel.state.gov/content/travel/en/international-travel.html>.

Note: Generally one sponsor/leader can travel free-of-charge for every six students. Not all costs may be applicable to your team.

○ Pre-Departure (Getting to departure location)			
Flights (<i>Sponsor/Leader only, + luggage/tips</i>)	\$ _____	+	
Accommodation (+ meeting rooms)	\$ _____	+	
Vehicle Rental (+ gas/insurance)	\$ _____	+	
Train/Bus/Taxi/Ferry	\$ _____	+	
Food	\$ _____	+	
Activity	\$ _____	=	
Total Pre-Departure Costs			\$ _____ +
○ Travel (Departure/In-Country)			
Flights (+ luggage/tips)	\$ _____	+	
Vehicle Rental (+ gas/insurance)	\$ _____	+	
Train/Bus/Taxi/Ferry	\$ _____	=	
Total Travel Costs			\$ _____ +
○ Accommodations			
Hotel/Motel/Rental Properties (+ meeting rooms, amenities, tips, storage)	\$ _____	=	
Total Accommodation Costs			\$ _____ +
○ Food			
Daily Meals/Travel/Airport	\$ _____	=	
Total Food Costs			\$ _____ +
○ Activities			
Excursions/Entrance Fees/Tickets	\$ _____	=	
Total Activities Costs			\$ _____ +
○ Gifts/Love Offerings			
Missionary/Ministry/Special Gifts (include all financial and tangible gifts)	\$ _____	=	
Total Gifts/Love Offerings Costs			\$ _____ +

○ Supplies			
Training (e.g., notebooks/printing, etc.)	\$ _____	+	
Music (e.g., copies/copyrights, etc.)	\$ _____	+	
Game Equipment	\$ _____	+	
Craft/Decorations	\$ _____	+	
Other - _____	\$ _____	=	
Total Supplies Costs			\$ _____ +
○ Miscellaneous			
Insurance (see https://www.qninsurance.com/)	\$ _____	+	
Visas (see travel.state.gov website above)	\$ _____	+	
Vaccines (see travel.state.gov website above)	\$ _____	+	
First-Aid Kit/General Medicine	\$ _____	+	
Team Shirts	\$ _____	+	
Technology (e.g., adaptors/phone/printer, etc.)	\$ _____	+	
Prayer Letter (printing/stamps/envelopes, etc.)	\$ _____	+	
Prayer Cards	\$ _____	+	
Other - _____	\$ _____	=	
Total Miscellaneous Costs			\$ _____ +
○ Trip Buffer/Overage Fund			
(generally 10-20% of overall trip cost to cover incorrect estimates, foreign exchange fluctuations, and emergencies)			
			\$ _____ =

Total Trip Cost (add all "Total" costs).....	\$ _____	/	
Team Size (<i>minus Sponsor/Leaders</i>)		=	
Trip Cost Per Person (subtotal)	\$ _____		
YOM Nonrefundable Deposit (per person)	\$ _____	+100.00	=
Total Trip Cost Per Person	\$ _____		

Approval/Signatures (*Note: All Sports-related mission teams need Athletic Director signature.)

_____	_____
Sponsor	Date
_____	_____
Leader	Date
_____	_____
*Athletic Director	Date

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Summer Missions Team Coordinator	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Vice President for Institutional Advancement	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
President	Date		