



Missions and Outreach

IF you have successfully completed a NLG mission trip in the last 2 years, you may use this short form to update your information!

TRIP you are applying for: _____

Name _____ Sex _____ Age _____ DOB _____
(as it appears on your passport, if applicable)

Home Phone Number _____ email: _____

Home Address _____
(Street) (City) (State) (Zip)

Emergency Contacts _____

Health Insurance Policy Info _____

Passport # _____ Exp Date _____ City of Issue _____

Is your general health good at this time?

Do you have any physical limitations, severe allergies, or any illness requiring prescription medication? If yes, please describe.

Do you have any (current or prior) addictions or issues your team leader needs to be aware of?

Please describe your present relationship with God (devotional plan, prayer life, daily walk, scripture reading, etc)

Do you participate in a New Life Small Group? Which one(s)?

In what ministry are you currently serving?

Have you had any significant life changes since your last trip with NLG – anything we need to know?

Does your family/spouse support your participation on a trip? Explain.

Can you afford to fund this trip without incurring debt?

Do you speak any language other than English – and if so, how fluently do you speak?

What **special skills** or **qualifications** do you have that could contribute to a mission team?

What are your spiritual gifts?

How well do you function as part of a team?

Signature of Applicant_____Date_____

Signature of Parent also if Applicant is under 18:

*Your signature here verifies that you understand all risks and dangers implied in a service trip, whether in the US or internationally, and you will not hold New Life Church liable for any injuries or illnesses that may occur while on this trip. Each traveler will be provided with travel medical insurance in the rare event a medical emergency should occur. This insurance and its limitations will constitute the extent of coverage provided by New Life Church in relation to this trip.

PLEASE MAIL THIS FORM TO:
New Life Church
Missions Office
3690 Stygler Road
Gahanna, Ohio 43230
Attn: Cindy Schmidt, Missions Director
or fax to
614-475-8899

