

Please answer the following questions as specifically as possible, including a brief explanation as needed. Use an additional sheet of paper if needed.

### Section 1: Health Information

1. Is your general health good at this time?
2. Do you have any physical limitations, severe allergies, or any illness requiring prescription medication? If yes, please describe.
2. Do you have any (current or prior) addictions or issues your team leader needs to be aware of?

### Section 2: Spiritual & Church Information

1. Describe your salvation experience and subsequent spiritual growth.
2. Please describe your present relationship with God (devotional plan, prayer life, daily walk, scripture reading, etc)
3. Are you a baptized member of NEW LIFE, faithfully attending Celebrations?
4. Do you participate in a New Life Small Group? Which one(s)?
5. In what ministry are you currently serving?
6. List **all** previous mission trips, outreach activities, or service projects you have participated in within the past 5 years:
7. Do you regularly tithe to NEW LIFE?
8. Have you had contact with racial, ethnic, or cultural groups other than your own, and if so, in what context?
9. Do you speak another language, in addition to English, and if so, to what degree of fluency?

### Section 3: Trip Information & Finances

1. Describe your reason(s) for desiring to participate in a short-term missions trip.
2. Does your family/spouse support your participation on a trip? Explain.
3. Can you afford to fund this trip without incurring debt?
4. What is the total cost to participate in your mission trip? \$ \_\_\_\_\_
  - a. 10% of your total cost is provided through the NL Budget - \$ \_\_\_\_\_  
*(New Life Gahanna Church Members Only!)*
  - b. Amount funded through personal or parental contribution? - \$ \_\_\_\_\_Total amount still needed \$ \_\_\_\_\_

**\*\*\*\*Fundraising opportunities are made available to you throughout the year\*\*\*\***

### Section 4: Personal Information

1. Describe what you consider to be your greatest strength in ministry.
2. Describe what you consider to be your greatest weakness in ministry.
3. Describe your greatest character strength (i.e. perseverance, honesty, integrity, etc).
4. Describe your chief character weakness.
5. What do you believe will be the greatest challenge to you personally by participating?
6. What **special skills** or **qualifications** do you have that could contribute on a mission trip?
7. What are your spiritual gifts? How do you believe you are allowing God to currently use them in ministry?
8. How well do you function as part of a team?

**REFERENCES:** Please provide names, telephone numbers and/or email addresses, plus context of your relationships (teacher, group leader, mentor, etc) for **TWO adult** references. **PLEASE** do not use family members! These people should be those with whom you have ministered closely and recently.

Ref #1 \_\_\_\_\_

Ref #2 \_\_\_\_\_

**Section 5: Application Completion**

Return or fax (475-8899) COMPLETED and SIGNED application to NEW LIFE Missions Office by

\_\_\_\_\_ (date must be given by the team leader)

*\*Applications received after this date are accepted at the team leader's discretion\**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent 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.



## Short Term Missions Application

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 \_\_\_\_\_

