

Secondary Emergency Contact

Name _____

Email _____

Home Phone _____ Cell Phone _____

Work Phone _____

Relationship _____

C. Passport Information (International Trips Only)

Valid Passport Yes No Country of Issue _____

Name exactly as it appears on Passport _____

Passport Number _____

Expiration Date _____

D. Background Information

Occupation _____

Employer _____

Marital Status _____ Spouse's Name: _____

Spouse's Email _____

Spouse's Cell Phone _____

E. Church Background

1) Are you a MEMBER at New Hope Church and if so, for how long? Yes No

2) If not a member at New Hope Church, where do you attend church, and how long have you been there?

3) What church classes or small groups do you participate in?

4) What ways are you CURRENTLY serving in the church or community and for how long?

5) What ways have you PREVIOUSLY served in the church or community and for how long?

F. Travel

1) Please describe any special skills, talents, spiritual gifts, or service experience that you feel may be helpful on this mission trip (music, teaching, first aid, construction, etc.):

2) List all previous mission trip or cross-cultural experiences:

3) Please list any foreign language skills you have.

G. Spiritual

1) Briefly share your personal testimony of faith.

2) Briefly describe your patterns of personal devotion & discipleship.

3) What has God been teaching you this past year?

Your expectations greatly influence the success of a short term missions trip. Over the months ahead, the training you will receive will help refine your expectations. We would like your initial thoughts (use additional sheets of paper if needed).

4) Why do you want to go on this mission trip and how has God been leading you in this direction?

5) What impact are you anticipating that this trip will have on your relationship with God?

6) How do you think YOUR involvement will strengthen the TEAM?

7) Describe the type of relationships you hope to build with the people you will be ministering to:

8) What impact do you expect the TEAM will have as a whole?

9) In your opinion, what are your areas of character STRENGTH, and areas of character WEAKNESS?

Strengths:

Weaknesses:

H. Medical

1) Are you currently ill or undergoing any medical treatment (including medications)? Yes No

If yes, please explain: _____

2) Do you have allergies (foods, medications, hay fever, etc.)? Yes No

If yes, please explain: _____

3) Do you have any daily mandatory medical needs (including medications)? Yes No

If yes, please explain: _____

4) Are you in any way physically or mentally handicapped? Yes No

If yes, please explain: _____

NEW HOPE CHURCH PALM HARBOR | SHORT TERM MISSIONS TRIP APPLICATION 2020

5) Do you have any back, hip, or knee problems which may hinder you on this trip? Yes No

If yes, please explain: _____

6) Do you have any problem not already mentioned which may hinder you on this trip? Yes No

If yes, please explain: _____

7) Do you have any special dietary needs or requirements? Yes No

If yes, please explain: _____

8) Blood Type: _____

9) Is your tetanus shot current? Yes No If yes, date of last tetanus shot: _____

Medical Insurance: *(All international trip participants are required to have short-term travel health insurance)*

Insured Name: _____ Membership #: _____

Group #: _____ Company Name: _____

Company Phone #: _____

I. References

Please list the names and email addresses of [number] references who know you well and can comment upon your spiritual walk and service. Please refrain from using family members.

Reference 1

Name _____

Email _____

Relationship _____

Length known _____

Reference 2

Name _____

Email _____

Relationship _____

Length known _____

Reference 3

Name _____

Email _____

Relationship _____

Length known _____

J. Miscellaneous

How do you plan to cover trip costs? (i.e., raise support, personal savings, etc.)

Current T-shirt size (circle one): SM MED LG XL XXL 3X

Please list any questions or comments you have related to this application or mission trip:

Please submit your completed application by May 1st, 2020 to:

Missions Department
New Hope Church | 455 Riviere Road | Palm Harbor, FL 34683

Or via email to: barry@newhopepalmharbor.com

Thank you!

Both the Dominican Republic and Washington DC trips require you to be in good health, able to walk long distances, up and down stairs and/or steep inclines, and ride in all types of vehicles which may cause motion sickness. Please understand that your interest in a trip does not guarantee you will go on the trip. Church leadership decides final participation for all New Hope mission trips.

Prices and dates are subject to change slightly. Team members will be kept informed of any adjustments.