

Short-term Application

Full Name (As it appears on your passport) _____

For which trip/country are you applying? _____

Birth Date ____/____/____ Passport Number: _____ Expires: _____

Are you a U.S. citizen? Yes No If not, list your country of citizenship: _____

Marital Status: Single Engaged Married Separated Divorced Sex: Male Female

Address _____

City _____ State _____ Zip _____

Cell (____)____-____ Occupation: _____

E-mail Address (Print clearly) _____

How long have you attended New Life? _____ How have you served at New Life? _____

Name of a New Life pastor with whom you have connected: _____

Have you ever traveled internationally? Yes No If yes, please fill out the following information:

When?	Where?	Purpose?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date you made a commitment to follow Christ: ____/____/____ (estimate if unknown)

Who is currently the most influential person to your walk with Christ? How so? (Pastor, Friend, Parent, Author, ect.)

List any professional skill sets that you want to utilize on the field: _____

How do you plan on paying for this trip? _____

Are you willing and able to attend monthly team meetings? Yes No

Are you willing and able to attend team fund raisers and team training sessions? Yes No

PLEASE READ: The answers to the following questions will not necessarily exclude you from participating with New Life Global Ministries. The information contained within this application will remain confidential. If, for any reason, you do not wish to provide information to the following questions, please call 286-8216 to schedule a meeting with a pastor.

Have you ever been involved with any of the following within the past year? Convicted of a Crime Illegal Drugs
 Gang-related activities Terrorist Organization Occult Pornography Sexual Activity Outside of Marriage

If you checked any, please explain: _____

Have you ever had: Diabetes Seizures Fainting Spells Eating Disorders Trouble Breathing
 Psychiatric Care Depression Medication Allergies (please list) Other Medical Conditions

If any checked, please explain: _____

To complete your application, please include the following:

*(You **WILL NOT** be considered without completed application and recommendation forms, picture and deposit.)*

- A recent photo of yourself**
- \$200 deposit** (non-refundable) - make checks payable to: New Life Church
- A photocopy of your passport**

Signed _____ **Date** ____/____/____

*I have read and understand the above information. My signature signifies that the provided information is accurate and true to the best of my knowledge.
You will be contacted by a Global Ministries Team Leader to schedule an interview.*

Turn in your completed application at the Global Ministries offices located in the World Prayer Center, or via mail:

New Life Church
Att: Global Ministries
11025 VOYAGER PARKWAY
COLORADO SPRINGS, CO 80921

This confidential recommendation is to be filled out by your pastor, small group leader, teacher or someone in authority over you (NOT a relative or a Global Ministries staff member).

Applicant's Name _____ Phone (_____) _____ - _____

Serious consideration will be given to your evaluation. We value you as a reference concerning the applicant's character and qualification for short-term missions. Your prompt completion is appreciated. Please fax to 719.548.9000 or hand deliver/ mail to: New Life Church, Attn: Global Ministries, 11025 Voyager Parkway, Colorado Springs, CO 80921

Name _____ Phone (_____) _____ - _____

Title _____ Organization _____

Address _____ City _____ State _____ Zip _____

How long have you known the applicant? _____ Relationship to Applicant _____

Please evaluate the applicant in the following areas:

E=Excellent, G=Good, F=Fair, P=Poor, U=Unknown

_____ Social Adaptability _____ Dependability _____ Maturity _____ Leadership Ability
_____ Servanthood _____ Spiritual Life _____ Response to Authority _____ Spiritual Influence on Peers

O=Often, S=Sometimes, R=Rarely, N=Never

_____ Critical _____ Irritable _____ Depressed _____ Sarcastic
_____ Argumentative _____ Domineering _____ Rebellious _____ Timid

Is the applicant active in his/her church? Yes No

To your knowledge, does the applicant have a meaningful, personal relationship with Jesus Christ? Yes No

Does the applicant have difficulty relating to others or working in a group? Yes No

Are you aware of any mental or emotional illness or instability in the applicant? Yes No

To your knowledge, has the applicant used tobacco or illegal drugs in the last year? Yes No

Have you ever had a reason to question the applicant's morals? Yes No

Do you have any reason to lack confidence in the applicant? Yes No

If you answered yes to any of the previous five questions or have any additional comments regarding the applicant's qualifications for overseas missions please explain in the space below.

Based on the above information, the applicant is:

Highly recommended Recommended Recommended with reservation Not recommended at this time

Signature _____ **Date** ____/____/____