

**OFFICE USE ONLY:**

Date App Rec'd: \_\_\_\_\_

Accepted Date: \_\_\_\_\_

Deposit: \_\_\_\_\_

**Please return application with a \$300 deposit to:**

North Coast Calvary Chapel  
Mission Team or Trip Leader  
1330 Poinsettia Lane Carlsbad, CA 92011

All checks made payable to North Coast Calvary Chapel or NCCC

**SHORT-TERM MISSION TRIP GENERAL APPLICATION**

*The information on this form will be kept confidential and is for use by North Coast Calvary Chapel.*

Today's date \_\_\_\_\_ Project Country & Dates \_\_\_\_\_

(Please print)

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Single  Married  Divorced  Widowed

Name as it appears on passport: \_\_\_\_\_

Are you a US citizen? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ If no, which country? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Passport #: \_\_\_\_\_

Passport Country: \_\_\_\_\_ Passport Expiration: \_\_\_\_\_  
Month Day Year

**Ages of children** (if applicable): \_\_\_\_\_

If children are under 18 years of age, please list name(s) of parent(s) and/or guardian(s):

\_\_\_\_\_

Parent/Guardian home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Will your spouse be traveling with you? \_\_\_\_ Yes \_\_\_\_ No  
*(If yes, spouse must complete a separate application)*

**Occupation:**

Please describe your present employment and any pertinent information regarding work experience related to missions.

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**Language Fluency: (Other than English)**

LANGUAGE	NUMBER OF YEARS	CONVERSATIONAL FLUENCY (excellent, fair, poor, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Skills and Talent:**

Please write the appropriate code next to the skills/talents you possess.

**CODES: 1-Average 2-Better than average 3-Professional**

*Please note that all of these areas may not be offered on all trips.*

**CONSTRUCTION**

- \_\_\_\_ Carpentry
- \_\_\_\_ Painting
- \_\_\_\_ Masonry/Carpentry
- \_\_\_\_ Roofing
- \_\_\_\_ Electrical
- \_\_\_\_ Plumbing
- \_\_\_\_ Other (pls. specify)
- \_\_\_\_\_

**BUSINESS**

- \_\_\_\_ Computers
- \_\_\_\_ Accounting
- \_\_\_\_ Other (pls. specify)
- \_\_\_\_\_

**WEB**

- \_\_\_\_ Design/Graphics
- \_\_\_\_ Writing

**MINISTRY EXPERIENCE**

- \_\_\_\_ Teaching class age \_\_\_\_
- \_\_\_\_ Children’s ministries
- \_\_\_\_ Other (pls. specify)
- \_\_\_\_\_

**PHOTOGRAPHY OR**

**JOURNALISM \_\_\_\_\_**

**MEDICAL**

- \_\_\_\_ Nursing
- \_\_\_\_ Physician
- \_\_\_\_ Dental
- \_\_\_\_ EMT
- \_\_\_\_ CPR
- \_\_\_\_ Therapy (PT; OT; other)
- \_\_\_\_ Other (pls. specify)

**MUSIC**

- Instrument (pls. list)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_ Vocal
- \_\_\_\_ Other (pls. specify)
- \_\_\_\_\_

**OTHER PERFORMANCE**

- \_\_\_\_ Juggling
- \_\_\_\_ Clowning
- \_\_\_\_ Puppetry
- \_\_\_\_ Drama

**OTHER ABILITIES:**

\_\_\_\_\_  
\_\_\_\_\_

**NCCC Involvement:**

Do you attend NCCC Worship Services? Yes \_\_\_ No \_\_\_ How long \_\_\_\_\_

Are you a member of NCCC? Yes \_\_\_ No \_\_\_ How long \_\_\_\_\_

Have you served in a ministry at NCCC? Yes \_\_\_ No \_\_\_

If so, which ministries? \_\_\_\_\_

How long? \_\_\_\_\_

Do you still serve in the church? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If so, which ministries? \_\_\_\_\_

Are you a part of a home group? Yes \_\_\_ No \_\_\_

If so, which one?

Briefly Share your Christian Testimony:

Do you have an active prayer life?

**Mission Experience:**

*Outline the previous mission trips you have taken (please continue on reverse side if needed)*

Trip Name \_\_\_\_\_

Date/Year: \_\_\_\_\_

Impact \_\_\_\_\_

\_\_\_\_\_

Trip Name \_\_\_\_\_

Date/Year: \_\_\_\_\_

Impact \_\_\_\_\_

\_\_\_\_\_

**Physical Limitations:**

We do our best to make Passport trips as comfortable as possible. However, travel in general and short-term mission trips in specific may be extremely strenuous and stressful. Please detail anything in your current physical condition that may restrain you from activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Assessment:

1. Please rate each assessment from 1 to 10, 10 being strong, 1 being weak:  
 Relating to new people  
 Maintaining friendships  
 Sense of humor  
 Ability to finish what is started  
 Establishing relationships  
 Problem solving  
 Confronting  
 Encouragement  
 Conversations with strangers  
 Listening  
 Ability to submit to leadership  
 Being an example
2. What tends to upset you the most?
3. On the mission field we are involved in spiritual attack. Because of this we need to ask if you have struggled in the area of emotional stability or morality during the last 12 months?
4. Describe your cross-cultural living, training and/or travel experiences. What did you learn? What types of difficulties did you experience?
5. Why do you want to participate in this project?
6. Describe your personal knowledge of interest in our target people group.
7. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your team leader instructs. How would you handle this?

Signature \_\_\_\_\_ Date \_\_\_\_\_

**References:**

Please list three references that have known you for at least five years:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

If possible, please have an NCCC pastor provide a reference for you.

Pastor's recommendation: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date \_\_\_\_\_