

OFFICE USE ONLY:

Date App Rec'd: _____

Accepted Date: _____

Deposit: _____

Please return application to:

High School Ministry

North Coast Calvary Chapel

1330 Poinsettia Lane Carlsbad, CA 92011

If selected, there is a \$100 trip deposit due.

All check made payable to North Coast Calvary Chapel or NCCC

SHORT-TERM MISSION TRIP HIGH SCHOOL APPLICATION

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

Today's date _____ Trip Country & Dates _____

(Please print)

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Gender: Male Female Grade: _____ School: _____

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

Parent/Guardian Name(s): _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

As _____'s parent/guardian, I give my consent for my child to participate in this mission trip should he/she be selected through this application process.

Parent/Guardian's Signature

Date

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
____ Social Media (pls. specify)

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 _____

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 small group? Yes ___ No ___

If so, which one? _____ Who is one of your leaders? _____

Briefly describe your relationship with Jesus:

Please describe your prayer life:

Mission Experience:

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

Trip Name _____

Date/Year: _____

How did this trip impact you? _____

Trip Name _____

Date/Year: _____

How did this trip impact you? _____

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 (i.e. dietary, allergies, etc.).

Personal Assessment:

1. Please rate each assessment from 1 to 10, 10 being strong, 1 being weak:

- | | |
|--|--|
| ____ Relating to new people | ____ Listening |
| ____ Maintaining friendships | ____ Ability to submit to leadership |
| ____ Sense of humor | ____ Being an example |
| ____ Ability to finish what is started | ____ Working on a team |
| ____ Establishing relationships | ____ Stepping out of your comfort zone |
| ____ Problem solving | ____ Flexibility |
| ____ Confronting and addressing conflict | ____ Taking initiative |
| ____ Encouragement | ____ Following directions |
| ____ Conversations with strangers | |

2. What tends to upset you the most?

3. The mission field can be a time of personal growth, challenge, and spiritual attack. Because of this we need to know if you have struggled with any emotional, personal, or sin issues during the last 12 months (i.e. anxiety/depression, eating disorders, pornography, parents' divorce, etc.)?

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 trip?

6. Describe your personal knowledge or 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 three 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 _____