

# NCCA Mission Team Application 2019

## Personal Information

Full name: \_\_\_\_\_  
(As it appears on driver's license)  
Nickname: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## Passport Information

Exact name on passport: \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Birth city: \_\_\_\_\_ Place of issue: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_  
Email: \_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Does your company have a giving program? \_\_\_\_\_

## Medical Information

List ALL allergies you have: \_\_\_\_\_

Are you currently under the care of a physician or therapist? (If so, explain): \_\_\_\_\_

List any major health conditions or illnesses within the past 5 years: \_\_\_\_\_

Describe any physical conditions that require assistance: \_\_\_\_\_

List all medications taken on a regular basis: \_\_\_\_\_

## References / Background Information

List 2 references that know your ministry strengths and weaknesses:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Are you currently involved in any civil suits: \_\_\_\_\_ yes \_\_\_\_\_ no

If so, please explain: \_\_\_\_\_

Have you ever been convicted of a crime (not including traffic offenses): \_\_\_\_\_ yes \_\_\_\_\_ no

If so, please provide details about the incident: \_\_\_\_\_

## Missions / Ministry / Service Information

Have you ever been on a short-term mission project? \_\_\_\_\_ yes \_\_\_\_\_ no

List any missions or cross-cultural ministry experience: \_\_\_\_\_

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List any special skills, talents, abilities, and languages that might be useful during the trip. Consider your job skills, education, interests, and hobbies.

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Why do you want to participate in this short-term missions trip and what do you hope to see God accomplish through you?

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Explain any apprehensions or fears you have about going on a short-term missions trip.

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List ministries you have been in or are currently involved with.

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How long have you been affiliated with NCCA? \_\_\_\_\_

Are you involved in any sports/ clubs/ ministries at NCCA? If so, please list them.

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Briefly describe how you came to trust Christ with your life.

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What has God done in and through you since you became a follower of Christ?

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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

**By signing this application, I agree to follow all policies and procedures pertaining to this trip as set by New Creation Christian Academy and the mission team leaders. I also agree to participate in all of the training during the preparation process. I understand that short-term missions projects involve joining the work of full-time missionaries and / or national church leaders. My actions and conduct while on this trip could seriously and severely affect their continued work with those they are ministering to. As a result, I am stating that I fully understand the implications and agree not to engage in any conduct that could potentially impede their work including, but not limited to the use of alcoholic beverages or tobacco products. I will strive to honor Christ in all things on the mission field. By submitting this application, I acknowledge that I am fully aware of my financial responsibility to New Creation Christian Academy for the total cost of the trip. I understand that I may raise financial support to cover all or a portion of the expenses, which are due before the departure date.**

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**If applicant is under 18, parent / guardian signature:**

\_\_\_\_\_ **Relationship:** \_\_\_\_\_

Please return the completed application to the NCCA office.  
New Creation Christian Academy  
425 Lake Dow Road  
McDonough, GA 30252  
770.898.9728