

NCCA Mission Team Application

Personal Information

Full name: _____
(for booking airplane and hotel reservations)

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: _____

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

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

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

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

How long have you been affiliated with NCCA? _____

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

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

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

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
330 Lake Dow Road
McDonough, GA 30252
770.898.9728