



***Note: Students must be at least going into 9th grade to apply.

| Full Name (As it appears on your passport): | |
|--|---|
| Birth Date:/ Sex: Male Female | |
| Address: | |
| City: State: Zip: | |
| Cell: ()Occupation: | |
| Email Address (Print clearly): | |
| | |
| T-shirt size: XS S M L L XL | |
| How long have you had a personal relationship with Jesus Christ?: | |
| Have you received the Baptism of the Holy Spirit?: Yes No | |
| New Hope Church Member: Yes No How long have you been an active member: | _ |
| Faithful Church Attendance: Yes No Faithful Small Group Attendance: Yes No | |
| Small Group Leader: | |
| Have you ever been on a missions trip before? Tyes No | |

If yes, please fill out the following: PREVIOUS EXPERIENCE(S) ON MISSIONS TRIP(S)

| Month, Year | Location, Purpo | se of Project | Sponsoring Church/Organization |
|-----------------------|----------------------------|----------------------------|-------------------------------------|
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| | | I_ | |
| | | | |
| What is your greate | est strength: | | |
| What is your greate | est weakness. | | |
| vviidt is your groute | 55t Weakiness | | |
| | | | |
| | | _ | |
| List any gifts, talen | ts, or skill sets that you | ı are capable of utilizinç | g on the field: |
| | | | |
| | | | |
| | | | |
| 16 1 | | | |
| if you nave any pny | ysical or mental limitati | ons that would be a hir | ndrance in completing the following |
| tasks, please chec | kheavy lifting | cleaning or scrub | binglong distance walking |
| | | | |
| Please explain: | | | |
| Are you prope to: | traval sickness | wook stomach | low host tolorance |
| Ale you plone to | uavei sickiless | weak storract | nlow heat tolerance |
| allergies | Please explain: | | |

| Are you willing to attend regular team meetings? Yes No | | | | |
|---|--|--|--|--|
| To complete your application, please include the following: \$\text{100 Application fee}\$ (non-refundable/ will go towards total trip cost)- Checks payable to: New Hope | | | | |
| □ Brief statement (250 words or less) on why you want to be involved in this trip. | | | | |
| □ Medical Release Form | | | | |
| □ Photocopy of your passport I do not have a current passport | | | | |
| | | | | |
| APPLICATION IS DUE ON OR BEFORE SUNDAY, February 26th | | | | |
| Please accept this application as my request to join the scheduled missions trip to Brazil in June | | | | |
| 2012 with the ALPHA net. By submitting this application, I understand that it will be reviewed for | | | | |
| consideration. I also understand the importance of team unity and I commit to being a strong team | | | | |
| member by lifting my team and this ministry up in prayer, striving for personal compatibility with each | | | | |
| team member, and by being sensitive to what the Lord wants to accomplish in me and in the lives of | | | | |
| those in Brazil. | | | | |
| Signature:// | | | | |
| Guardian's Signature: Date:/ | | | | |



Recommendation

This confidential recommendation is to be filled out by your pastor, small group leader, teacher or someone in authority over you.

| Applicant's Name: | | | P | none () |) | |
|-------------------|------------------|--|--------------------------------------|---------------------------------|--|----------------|
| applicant's o | character and q | ualification for si 706.650.3107 or | hort-term missio hand deliver / I | ons. Your proi mail to New H | a reference conce mpt completion is Hope Worship Cen | - |
| Name: | | | Pho | one: ()_ | - | |
| Title: | Organization: | | | | | |
| Address: | | | | | | |
| City: | | ate: | Zip: _ | | | |
| How long ha | ave you known f | he applicant? _ | Re | lationship to <i>i</i> | Applicant: | |
| Please eval | uate the applica | nt in the followir | ng areas: | | | |
| E= Excellent | G=G00 | d F=Fair | P=Poor | U=Unknowi | 7 | |
| Social Ac | daptability | _Dependability | Maturity | | Leadership | Ability |
| Servanth | ood | _Spiritual Life | Response | to Authority | Spiritual Infl | uence on Peers |
| O=Often | S=Sometimes | R=Rarely | N=Never | | | |
| Critical | | _Irritable | Depressed | d | Rude | |

| ArgumentativeDomineeringRebelliousTimid |
|--|
| TO YOUR KNOWLEDGEIs the applicant active in his/her church? Yes No Does the applicant have a meaningful, personal relationship with Jesus Christ? Yes No |
| Has the applicant's interest in missions been influenced by a desire to escape a difficult situation such |
| as family problems, financial struggles, or a troubled romance? 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? |
| Has the applicant used tobacco, alcohol, or illegal drugs in the last year? |
| Have you ever had a reason to question the applicant's morals? \square Yes \square No |
| Do you have any reason to lack confidence in the applicant? Yes No |
| If you answered yes to any of the previous six questions or have any additional comments regarding the applicant's qualifications for overseas missions please explain in the space below. |
| |
| |
| |

| Signature X | / |
|--|------------------------------|
| | |
| Recommended with reservation | Not recommended at this time |
| Highly recommended | Recommended |
| Based on the above information, the appl | icant is: |