

Thank you for your interest in short term missions! As we begin this journey together, and as part of the application process, would you please indicate your understanding and acceptance of the statements below. If you have any questions, please do not hesitate to contact us via phone (503-659-5683) or email (denise.douglas@newhopepdx.org or greg.lunsford@newhopepdx.org)

Please indicate your answer with circling either Yes or No

1. I understand that applying for this trip does not guarantee acceptance.

Yes No.

- 2. I am willing to commit myself to the process of training and preparation for my team's mission trip, and to being a positive participant on this team.

 Yes No
- 3. I have a passport*, or commit to applying for one upon acceptance to the team. *The expiration date on your passport must be at least six months later than the return date of the short-term trip you are applying for.

 Yes No
- 4. I understand the vaccination policy: New Hope Church abides by the recommendations of the US Public Health Service which determines immunizations that are recommended or required based on conditions in specific countries. Your team leadership will inform you of required immunizations. A tetanus/diphtheria (TD) booster is recommended if you have not had one within the past five years, or if you are not sure when you had the last one.

 Yes No
- 5. I understand the financial policy: Funding for Serve Trips comes through support raising. New Hope requires all team members to participate in support-raising by sending letters. Raising support is an exercise of active prayer, faith and team-building, and helps team members understand the process of a career missionary preparing for ministry in the field.

 Yes No
- 6. I understand that if I am accepted to the team, \$200 is due at the first team meeting that will be credited to my account.

 Yes No

SHORT TERM MISSION APPLICATION

Each applicant needs to submit a	separate applicatio	on. If using a hard copy, please print n	ieatly.
What New Hope Serve Trip are yo	ou applying for?		
Date you are submitting this applie	cation:		
PERSONAL INFORMATION			
Name – As it appears on your p	assport:		
Address:			
Phone (Home/Cell)			
Age: Birth date (MM/DD	/YYYY):		
Email:			
Citizenship:			
Passport #:		Expires on:	
If you have children traveling with	you, please list info	rmation below:	
Name	Gender	Date of Birth	
EMERGENCY INFORMATION			
		Relationship:	
Address:		Phone number:	
HEALTH INFORMATION			
Do you have any health problems If yes, please explain:			·····
Blood-type (if known):			

CHURCH AFFILIATION

Name of home church:
Address: Phone:
Member or Attendee, since
Please briefly describe your church activities/involvement:
EDUCATION/TRAINING/EXPERIENCE
Please list any education or training that could be useful for this trip:
Diagon list any natural talents/gifts you are guero of:
Please list any natural talents/gifts you are aware of:
Besides church, list any other extracurricular activities/hobbies you participate in:
Desides charsh, list any other extracamodial activities/hobbles you participate in:
(For applicants who have attended a previous short-term trip) Please describe how you have applied this
training/experience in local ministry:
What languages other than English, if any, do you speak/write? Share your ability in each language.
SPIRITUAL BACKGROUND Explain how you came to know Christ as your Savior and Lord. Attach a
separate sheet if necessary.

REFERENCES

Please list 3 references who have known you for at least one year. At least one should be a pastor/ministry leader.				
Name	Relationship	Phone		
Applicant's Signature	 Date			
Please return the completed applic Greg Lunsford.	cation to Justice Pastor, Denise Douglas	s, or Family Ministry Pastor		

You can fill this form and mail to: New Hope Church, Attn: Serve Trip, 10603 SE Henderson St, Portland, OR 97266