

NORTH MAR CHURCH MISSION TRIP APPLICATION

Trip for which you are applying _____

Name: _____
(Last) (First) (Middle)

Street Address: _____

City/State/Zip Code: _____

Phone: _____
(Day) (Evening)

Email: _____

Age: _____ Birthday: _____

Do you have a current passport? Yes No

What is your passport number? _____

What is your passport expiration date? _____

What is your occupation? _____

What specialized training/experience have you had that may be of value on the mission field?

Have you been on a mission trip before? Yes No

If so, when and where? _____

What language(s) do you speak? _____

1. Briefly describe your spiritual journey and relationship with Christ _____



2. How are you currently growing in your walk with the Lord? _____

3. Why do you want to be a part of a mission team? _____

4. What are your strengths/weaknesses? _____

5. How do you see your strengths/weaknesses as being a help/hindrane while on a mission trip?

6. Do you have any medical problems that could be factors on the trip? _____

7. What current inoculations do you have? _____

8. How will you pay for your trip? (Note: If you were on a NMC mission trip within the last two years and received financial assistance from NMC attendees, you must check A or B)

- A I will fund all of the trip myself
- B I will fund part of the trip myself and will also solicit assistance from friends/family inside/outside NMC through letter writing
- C I will fund part of the trip myself and will also solicit assistance from a general fund provided by NMC attendees

I understand that my acceptance to the mission trip team will be based on my application.

Signature: _____ Date: _____

