High School Student Ministry Mission Application

New Hope Church. 5307 W. fairriew Rd. Greenwood. IN 46142

MISSION & DATES Nicaragua Sports Mission Cost: \$1300-\$1500 (\$150 deposit w/ app)
July 2-9, 2016 Application Deadline: Sunday, January 10, 2016

If filling out the application by hand, please fill it out neatly and legibly.

PERSONAL INFORMATION	V						
Full Name:							
Home Address:							
City:	Zip:						
Phone Number: ()	Cell Number: ()						
Email Address:							
Birthday (MM/DD/Year):	Age:						
Gender:	T-shirt size: S M L XL XXL						
PARENT INFORMATION (i	f under 18 years old)						
Name of Father or Guardian	:						
Address (if different than above)	:						
City:	State: Zip:						
Phone Number: ()	Cell Number: ()						
Name of Mother or Guardian	n:						
Address (if different than above)	:						
City:	State: Zip:						
Phone Number: ()	Cell Number: ()						
Parent/Guardian Email Address:							
How do your parents/guardi	ans feel about you serving on this mission team?						

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MEDICAL BACKGROUND					
In case of emergency, contact: (if we are unable to reach your parents)					
Relationship:	Phone:			Cell phone:	
How would you describe your health?	Excellent	Good	Fair	Poor	
List any allergies:					
List any physical limitations:					
List any medications you are currently u	sing:				
CHURCH AFFILIATION					
Name of Home Church: (If New Hope Church, skip down to ** question)					
Address:					
City:	Sta	ate:		Zip:	
**How long have you attended this chur	ch?				
Do you participate in New Hope High So (If Yes, skip to the next section. If No, please at				s No	
Do you participate in another Youth Min	istry? Yes	No			
If Yes, please list your Youth Pa	astor's name	and pho	ne num	nber:	
Youth Pastor:				Phone Number:	
If No, please list the name and o				who has known you for at least on lopment:	ie
Reference Name:				Phone Number:	

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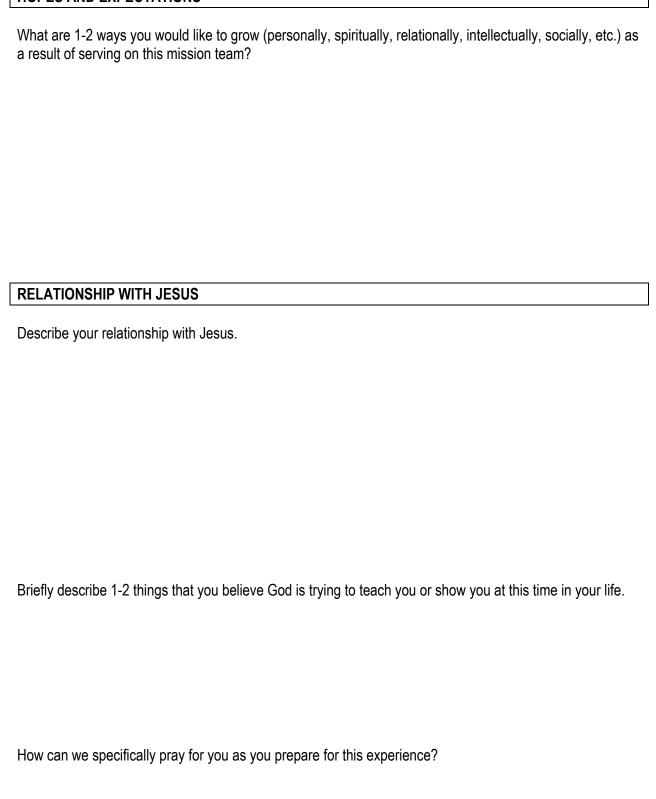
What motivated you to be a part of this mission team?

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What service in your church and/or community are you currently involved in?								
Service Activity	Your Role	Length of Service						
MISSION EXPERIENCE								
Please list any previous mission team ex	operience you have had.							
Mission Team	Length of Mission	Date (Year)						
MOTIVATION								

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TEAM MEMBER PARTICIPATION EXPECTATIONS

As a part of the Nicaragua Mission Team, you must commit to trainings prior to the mission experience, as training is critical in your preparation for the mission and is part of the mission experience as a whole. You are also required to attend one follow-up session to debrief the trip. The dates for trainings and follow-up sessions are as follows:

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Trainings	(aii	on	Sun	aays):

- 1. January 24, TBA
- 2. February 14, TBA
- 3. March 13, TBA
- 4. April 10, TBA
- 5. May 15, TBA
- 6. June 5, TBA (includes mandatory parent meeting/training)

Follow-up Session: Sunday, July 17 TBA

Do you foresee any issues with attending any of these trainings or the follow-up session? Yes No If yes, please explain. (Keep in mind that if you unable to attend trainings/follow-up session, it would be better to apply for this mission opportunity at a time when you can commit to the *entire* mission experience.)

You may pay your \$150 deposit by debit/credit card online at becomehope.ccbchurch.com, or you may pay by cash/check with this application. (Check made out to New Hope Church, memo: Nicaragua Sports Mission)

I HAVE COMPLETED THIS APPLICATION FORM HONESTLY AND TO THE BEST OF MY ABILITY, UNDERSTANDING THAT FAILURE TO ANSWER QUESTIONS HONESTLY AND THOROUGHLY MAY AFFECT MY ACCEPTANCE ONTO THE MISSION TEAM. I ALSO COMMIT TO FULLY PARTICIPATING IN ALL TRAINING REQUIREMENTS AND THE ENTIRE MISSION EXPERIENCE, UNLESS OTHERWISE STATED IN THE LAST APPLICATION QUESTION AND DISCUSSED WITH KELLY BROOKS, TRIP DIRECTOR.

Signature:	Date:
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