

What is your greatest strength: _____

What is your greatest weakness: _____

List any gifts, talents, or skill sets that you are capable of utilizing on the field: _____

If you have any physical or mental limitations that would be a hindrance in completing the following tasks, please check. _____ heavy lifting _____ cleaning or scrubbing _____ long distance walking

Please explain: _____

Are you prone to: _____ travel sickness _____ weak stomach _____ low heat tolerance

_____ allergies Please explain: _____

Are you willing to attend regular team meetings? Yes No

To complete your application, please include the following:

- \$50 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** (Apply online or download form at www.newhopeforthenations.com)
- Photocopy of your passport** _____ I do not have a current passport

APPLICATION IS DUE ON OR BEFORE SUNDAY, MARCH 8th

Please accept this application as my request to join the scheduled missions trip to Honduras in June 2009 with the ALPHAnet. 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 Honduras.

Signature: _____ Date: _____ / _____ / _____

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

Applicant's Name: _____ Phone (_____) _____ - _____

Serious consideration will be given to your evaluation. We value you as a reference concerning the applicant's character and qualification for short-term missions. Your prompt completion is appreciated. Please fax to 706.650.3107 or hand deliver / mail to New Hope Worship Center, Attn: Missions, 715 S. Old Belair Rd, Grovetown, GA 30813

Name: _____ Phone: (_____) _____ - _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you known the applicant? _____ Relationship to Applicant: _____

Please evaluate the applicant in the following areas:

E= Excellent G=Good F=Fair P=Poor U=Unknown

___ Social Adaptability	___ Dependability	___ Maturity	___ Leadership Ability
___ Servanthood	___ Spiritual Life	___ Response to Authority	___ Spiritual Influence on Peers
<i>O=Often</i>	<i>S=Sometimes</i>	<i>R=Rarely</i>	<i>N=Never</i>
___ Critical	___ Irritable	___ Depressed	___ Rude
___ Argumentative	___ Domineering	___ Rebellious	___ Timid

TO YOUR KNOWLEDGE...Is 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? Yes No

Has the applicant used tobacco, alcohol, or illegal drugs in the last year? Yes No

Have you ever had a reason to question the applicant's morals? Yes 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.

Based on the above information, the applicant is:

- | | |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Highly recommended | <input type="checkbox"/> Recommended |
| <input type="checkbox"/> Recommended with reservation | <input type="checkbox"/> Not recommended at this time |

Signature X _____ Date ____/____/____