



New Covenant Short Term Missions Application Form

This application is required for anyone participating on a New Covenant Team, requesting financial aid for a short-term experience, or wish to have prayer support and be commissioned by New Covenant.

Date Submitted _____

Full Legal Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Date of Birth ____ / ____ / ____ Age _____

Complete this section if applying for a New Covenant church team:

Team Name: _____

Location: _____

Trip Dates _____

Passport # _____

Expiration _____

If no passport, date applied: _____

Deposit amount enclosed \$ _____

1. How long have you attended New Covenant? _____
2. Are you a member? Yes / No If a member, what year did you join? _____
3. Please list any ways you are involved at New Covenant (or your church) beyond attending Sunday worship services:

4. Briefly describe the role in which you hope to serve while on this short-term missions experience:

5. List any foreign languages you speak and your level of fluency:

6. List any skills and talents that you see yourself using on this short-term missions opportunity:

7. List the strengths that people close to you would say you have to offer to a team or ministry:

8. List one or two areas that people close to you would say are not a particular area of strength for you:

9. Why do you wish to participate in this short-term mission experience?

10. Briefly describe any previous mission experiences and your interest in missions:

11. Do you have any allergies, illnesses, physical limitations, or any other health issues that could affect your performance on this team or that we should know about? Any doctor-ordered restrictions?

Please include a one-page written copy of your testimony and a recent picture with this application.

References: Please list one pastor, one person who has observed you in ministry, and one other character reference.

Pastor reference: Name _____ Phone _____

Ministry reference: Name _____ Phone _____

Character reference: Name _____ Phone _____

Signature: _____ **Date:** _____

Complete this section if you are seeking support and are not part of a New Covenant church team:

Name of Mission Agency _____

(Provide a link or written information about the agency to the Missions Committee)

Departure date ____/____/____ Return Date ____/____/____

Describe location and intended purpose of this short term missions experience:

If applying for a scholarship, please provide the following information:

One time need: \$_____ + Monthly need: \$_____ = Total cost:
\$_____

Personal contribution: \$_____ Date funds needed: ____/____/____

Include your support letter, support slip, details of who to make check out to and where to send the support.

Send this application to STM Missions / New Covenant / 3090 N. Center Point Rd / Cedar Rapids IA 52411

Phone: (319) 395-0021

Email: go@ncbc.church