



New Life Bible Camp

MISSION TRIP APPLICATION

Brazil 2011

(Application Due: March 1, 2011)

Note: Please answer as many of the questions as you are able to unless it specifically does not apply to you, then put (N/A for Non-Applicable). All information will be held confidential and will be reviewed by the New Life Staff in the selection of Team Members and for trip preparation. Acceptance to the team will be based on the qualifications outlined in the information packet. If you have any questions, please feel free to contact Chris Sirbaugh at the camp office at 814-842-3325

Personal Information

Date: _____

(Full Name: As it appears on your birth certificate...Please PRINT clearly)

First Name: _____ Middle Name: _____ Last Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail: _____ M/F: _____ Current Grade/Yr. _____

Social Security Number: _____ Birthday: _____ T-Shirt Size: _____

Place of Birth (City/State/ Country): _____ Citizenship: _____

Education

Name of School: _____ Highest Level of Education Completed: _____

School Address: _____ School Phone #: _____

Major/ Primary Study (College Students Only): _____ Any special skills or certificates: _____

List any spare time activities that you enjoy and/or participate in on a regular basis. _____

Work History

Work History (if any) – If more than two, just list the two most recent.

Employer Name	Job Position / Title	Dates of Employment	Business Address & Telephone #

Misc. Information

Do you already have a Passport? _____ If so, list Passport #: _____

If so, list Issuing Country: _____ Expiration Date: _____ Issuing Office: _____

Dates available for Trip: *(It is possible that trip dates could shift a couple of days depending on ticket availability. What is the earliest date you would be available thru the latest date available)* _____

Parent/Guardian Information: (The Brazilian Consulate needs to know the below information)

Father's Full Name: _____

Country of Citizenship: _____

Mother's Full Name (Including Maiden): _____

Country of Citizenship: _____

If parents are separated or divorced, who has legal custody? Father Mother Joint Other

If Other, please explain: _____

Emergency Contact Information

Parent 1 Name: _____ Work #: _____ Cell # _____

Parent 2 Name: _____ Work # _____ Cell #: _____

(If in the event that a parent cannot be reached, please provide the following)

Names of Emergency Contact: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone # (Home) _____ (Work) _____

(Cell Phone) _____

Church Information

Name of Church: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Ministers Name: (if applicable) _____

Pastors Name: _____

Church/Pastor's Phone Number: (_____) _____

Personal History

If you answer yes to any of the following, please give an explanation on the lines below indicating the date and duration of the last occurrence.

✓	Have you ever:	✓	Have you been involved in any of the following in the last 2 years:
	Been expelled from school?		Alcohol or Tobacco
	Received a written citation of any type?		Illegal Drugs

Health Information

Note: Any history or illnesses does not necessarily prohibit you from attending the trip but helps in the planning and making sure that any needs are met in advance. All information will be kept confidential and will be used only in the event of an emergency.

Insurance Carrier: _____ Policy/ID #: _____ Group #: _____

Provider Phone # _____ Date of Last Tetanus Shot: _____

Family Doctor: _____ Dr.'s Phone #: (_____) _____

Height _____ ft. _____ in. Weight _____ lbs Blood Type: _____

MEDICAL HISTORY: Any history of: (If yes, please explain.)

_____ Asthma _____ Knee/joint problems _____ Sinus problems _____ Ear problems

_____ Diabetes _____ Eye glasses/Contacts _____ Heart problems _____ Seizures

_____ Lung problems _____ High blood pressure _____ Menstrual problems _____ Back problems

Chronic or recurring illness: _____

Please explain any of the above here: _____

Operations, serious illness or broken bones within the last 6 months: _____

Have you been under the care of a doctor in the last 6 months? _____

If yes, for what reason? _____

Has the doctor given you any dietary or activity restrictions _____ If yes, for what reason? _____

List any other physical limitations and/or disabilities: _____

Are you taking any medications? _____ If yes, give name, dosage & frequency. _____

ALLERGIES: Please indicate YES or NO. If YES, indicate severity of reaction.

_____ Poison oak/ivy _____ Bee sting _____ Insect bites _____ Penicillin

_____ Other medicines (specify) _____

_____ Other (specify) _____

REMEMBER: If your medical condition changes, please notify us.

PLEASE READ AND SIGN IF UNDER 18, A PARENT OR GUARDIAN MUST READ AND SIGN ALSO

I hereby authorize the release of any medical information necessary for insurance purposes to New Life Bible Camp. New Life will in no way be responsible for medical treatment of liability resulting from physical conditions existing prior to the person going on a mission trip. In the event of an emergency and you cannot be located and there is a need for the hospital and/or doctor to treat and/or operate, do we have your permission?

_____ YES _____ NO

DATE

SIGNATURE (IN INK)

PARENT/GUARDIAN/S SIGNATURE (if under 18)

Essay Questions

Please complete the following questions on additional paper (Typewritten is preferred):

1. Explain simply and concisely how a person becomes a child of God. Please give scripture references.
2. Explain how and when you accepted Jesus Christ as your personal Savior and the personal difference He has made in your life.
3. Briefly describe your involvement with your church: groups you are active in, services you attend, etc.
4. Have you ever participated in a mission trip before (either in the USA or abroad)? If so, please give a brief summary of where you went and what was accomplished.
5. Write a short paragraph on why you are interested in this particular trip and what you hope to accomplish in your own life as a result.
6. What concerns/fears do you have about this trip?
7. In what area do you feel you can make the greatest contribution?
8. What skills or talents do you have that can be used as an outreach tool (music, singing, drama, etc)?

Signature / Deposit / Submit

I have answered all of the questions accurately to the best of my knowledge and desire to be a part of the 2011 team.

Signature of Applicant: _____ Date: _____

If Applicant is under 18 years of age, both parents / guardians must sign also.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Applications are due by March 1, 2011. Once your application has been processed, you will receive notification of whether or not you have been accepted to join the Mission Team to Brazil for 2010. You will then receive additional information regarding finances, passport and visa applications, and other resources to help you begin the planning of the trip. A \$75 deposit is required for each application. This deposit is NOT part of the total cost for the trip.

Please submit Application and \$75 Deposit to:

(If you are not accepted as part of the team, the \$75 deposit will be returned to you)

New Life Bible Camp
451 Tarwater Rd.
Buffalo Mills, PA 15534