

***New Life Advance International***

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TEL: 806-853-9085 or 832-242-7750

FAX: 832-242-7751

***Application for Short-term Missionary Service***

Have you been on a previous mission trip with <i>New Life Advance International</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where/Dates:

**PLEASE PRINT CLEARLY**

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Full Name:	Date: / /	SSN:	
E-Mail Address:			
Permanent Address:		Ph: ( )	
City:	State:	Zip:	
Present Address (if different):		Ph: ( )	
City:	State:	Zip:	
Age:	Weight:	Height:	Birthdate: / /
Single:	Married:	Spouse's Name:	
Passport No.	Place & date of issue:		
Languages you speak:			

Home Church:	Ph: ( )	
Address:	State:	Zip:
Pastors Name:		

Place of employment:	Ph: ( )	
Address:	State:	Zip:
Present Occupation:	Supervisor's Name:	

Allergic to any medication/chemical? Yes <input type="checkbox"/> No <input type="checkbox"/>	If <b>yes</b> , please explain:	
Under physicians care at present? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Taking medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	What?	
Do you use tobacco products? Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>	Narcotic drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>yes</b> , are you willing to refrain from use of any of the above for the duration of this trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**\*\*\*PLEASE ATTACH CURRENT PHOTOGRAPH\*\*\***

**PLEASE PRINT CLEARLY**

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<b><i>In Case of Emergency, Please Contact:</i></b>		
Name:	Relationship:	Ph: (    )
Address:	State:	Zip:
Insurance Company and Policy No.:		
Your Physician:	Address:	Ph: (    )

Dates of trip which you are applying for:	Country:		
Please check type of team:	Evangelism Team <input type="checkbox"/>	Medical Team <input type="checkbox"/>	Construction <input type="checkbox"/>
Have you ever been overseas before? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , please list:			
Have you ever been on a short-term missions trip before? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , please list Countries and Organizations:			
Dates of your last immunizations: (if any)			
Tetanus:            /        /	Typhoid:            /        /	Hepatitis A:            /        /	

<b><i>Medical Personnel Only Complete</i></b>				
M.D. <input type="checkbox"/>	R.N. <input type="checkbox"/>	LV.N <input type="checkbox"/>	Other: <input type="checkbox"/>	Specialty:
Doctors and Nurses, please enclose photocopy of current license.				

<b><i>Construction Personnel Only Complete</i></b>		
Construction skill you are most qualified for:		
Level of experience: Apprentice or helper <input type="checkbox"/>	Journeyman <input type="checkbox"/>	Master/Supervisor <input type="checkbox"/>
Other skills and talents:		
(Construction, Teaching, Ministry, etc.)		

**\*\*\* To Avoid Delay In Application Approval, Please Answer Each Section Completely \*\*\***

