

## Application for SMT (Short-term Mission Trips) 2012

Dear Applicant,

We are excited that you are interested in Short-term Mission Trips (SMT).

This application process is another step through which you may discern God's guidance in your life regarding SMT, as well as for the Committee to discern it together with you. Please fill out the application prayerfully.

The following information will be helpful as you complete your application.

☞ Application Deadline

- January 29                      Spring Season
- March 25                        Summer Season
- August 5    Fall/Winter Season

☞ Send your application: (Choose one of the options below)

- Postal mail: SMT-YNCC: 1721 North Broadway, Los Angeles, CA 90031
- Drop off at YNCC Office
- Email : [smt@ynccla.org](mailto:smt@ynccla.org) (as an attachment)

*Please note that an incomplete application will not be reviewed, and the deadline will be strictly observed. Any request for extension to submit the application needs to be emailed to [smt@ynccla.org](mailto:smt@ynccla.org) 3 days prior to the deadline for a consideration.*

☞ To download extra copies of the application, please go online to [www.ynccla.org/smt/](http://www.ynccla.org/smt/)

☞ For inquiry please contact Daniel Kim at [smt@ynccla.org](mailto:smt@ynccla.org)

## Application Check List

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please check the following to make sure that you have a complete application. Staple this checklist on the front of your application, and turn in together.

### A. Qualification

- at least 18 years old
- a baptized Christian (if you are not, you should plan to get baptized before the departure)
- a member of Young Nak (if you are not, you should plan to take the membership class before the departure)


### B. Pre-requisite (check one)

- (circle one) Missions 101, Extend: Missional Lifestyle, or KE101 Taken Date: \_\_\_\_\_
- Missions 101 Equivalent: What? \_\_\_\_\_  
Where? \_\_\_\_\_


### C. Application Form (need to check all)

- Personal Information
- Medical Information
- Missions Experience & Field Choice
- Essay Questions
- I have read SMT policy, before signing the application.


### D. Passport

-  Copy of Passport (If you do not have a valid passport, you should apply for one and turn in the copy of passport application. Without this, your application is incomplete.)



### E. Reference

-  From YNCC Pastor (Name & Signature Only)  
This process is required because we believe it's important that one of YNCC pastors is aware of your SMT journey and be mindful thru prayer for you.  
Please take this form to a pastor and have him/her signed off for you, or have him/her email to [smt@ynccla.org](mailto:smt@ynccla.org), with a note that he/she is aware of your application process to SMT.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

-  From Reference (e.g. peer, supervisor, mentor): [name] \_\_\_\_\_  
Please give the reference form at the end of this application and have him/her to turn in to YNCC-SMT.

### F. Registration Fee (includes training materials)

-  Non-refundable Fee of \$60: Payable to YNCC.
-  Payable by check or online at [www.ynccla.org/smt\\_fee](http://www.ynccla.org/smt_fee)



15. Marital Status:

Single. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Are they members of Young Nak?  Yes  No If not, which church? \_\_\_\_\_

Married.

Spouse's Name:

Children's Name(s) & Age: (in order)

- Have you discussed your interest in SMT with your parents/spouse?  Yes  No
- Are they (he/she) supportive? Please explain.

**MEDICAL INFORMATION [Confidential]**

1. Are you currently on medication?                      Yes                      No

If yes, please give description of medication and its reason.

RX	Reason

2. Do you have any allergies?    Yes                      No

If yes, please explain.

3. Please inform us of your medical background that we should be aware of, as you participate in SMT.

4. How do you rate your health? (On a Scale of 1-5, "1" poor and "5" excellent): \_\_\_\_\_

5. Do you have medical insurance?                      o Yes                      o No

Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your insurance cover your overseas stay?                      o Yes                      o No

6. In case of emergency:

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## MISSION EXPERIENCE & FIELD PREFERENCE

1. List all your previous cross-cultural missions experiences.

When	Mission field	How long	With Whom	Ministry Description	Rate of experience 1-poor 5-excellent

2. Ministry Preference (Please mark an "X" to all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Business Consulting            | <input type="checkbox"/> Youth camp                            |
| <input type="checkbox"/> Administration                 | <input type="checkbox"/> VBS, Bible Study                      |
| <input type="checkbox"/> Finance/Accounting             | <input type="checkbox"/> College camp                          |
| <input type="checkbox"/> Creative Art<br>(Specify)_____ | <input type="checkbox"/> Community Development                 |
| <input type="checkbox"/> IT/Computer                    | <input type="checkbox"/> Teaching & Training<br>(Specify)_____ |
| <input type="checkbox"/> Sport<br>(Specify)_____        | <input type="checkbox"/> Relief & mercy ministry               |
| <input type="checkbox"/> Medical/health related         | <input type="checkbox"/> Construction work                     |
| <input type="checkbox"/> Research(Specify)_____         | <input type="checkbox"/> Encouragement & Intercession          |
| <input type="checkbox"/> Training the leadership        | <input type="checkbox"/> Evangelism                            |
| <input type="checkbox"/> Children ministry              | <input type="checkbox"/> Other<br>(Specify)_____               |

3. Field Preference? (Please mark an "X" to all that apply.)

- I am open for suggestion and replacement.
- My preferred trip date/period: \_\_\_\_\_
- Month or Season Degree of Flexibility \_\_\_\_\_
- I have a specific trip in mind other than YNCC's SMT fields. (See #4 Below)
- I have a group of people I would like to join the team together.  
(Specify) \_\_\_\_\_

4. I have a specific field that I would like to join that is not on the YNCC SMT list.

Where: \_\_\_\_\_ Proposed Date: \_\_\_\_\_

Organization or Missionary affiliation: \_\_\_\_\_

Describe the progress status on your participation for this field trip, along with the reasons for your choice. (Be as specific as possible.)

The field decision will be made during the interview process, according to your preference as well as the need of the particular field, along with your strengths and weaknesses that contribute to the team.

## ESSAY QUESTIONS

For each question, please write within one or two paragraphs. Please plan to spend about 40-50 minutes in answering the following questions.

1. Do you have a relationship with God as a follower of Jesus, and if so, how/when did you come to this faith?
2. How would you describe your daily relationship with Jesus, particularly in the Word and prayer life?
3. Please list all accountability group/discipleship relationship, and service experiences that you are currently part of (or in the past). Choose one of them and illustrate how it has impacted your life to grow further.
4. Describe your relationship/interaction with non-Christians. Is there any meaningful relationship with any non-believer? How are you a light and salt among them? What are some of your struggles or joys in those relationships?
5. Why do you want to go on SMT? What are your goals/desires through this SMT?
6. What is your outlook on the financial aspect of joining SMT (such as using your saving, support-raising, fundraising, etc.)? What do you think or feel about it?

## SMT POLICY

I hereby apply for Short-Term Mission Trips with the commitment;

- To follow the Young Nak SMT mission policy, including the financial guideline,
- To participate in all SMT training sessions and do necessary assignments, and I understand that I will be dismissed from SMT if I miss the training frequently.
- To work together as a team from the beginning to the end of the SMT including the debriefing,
- To seek for an opportunity to serve the church actively upon returning from Short-Term Missions, and
- Above all, to depend on God completely in all aspects of SMT from the beginning to the end.

Signature:

Date:

## **SMT (Short-term Mission Trips) Reference**

Young Nak Celebration Church  
Attn: SMT  
1721 N. Broadway Los Angeles, CA 90031  
smt@ynccla.org

THIS PART TO BE COMPLETED BY THE APPLICANT:

Candidate:

Recommender:

Phone:

Email:

THIS PART TO BE COMPLETED BY THE RECOMMENDER:

The applicant named above has applied for SMT at YNCC. In order to give the proper guidance needed, it is essential that you be frank and accurate in your remarks. Thanks you for your help. Please return to the above email or mail address.

Relationship to Candidate:

As you know, SMT seeks to assist the missionaries the team is going to, while the team members learn about God's heart and grow through the process. We do not want to send a team member who might not be a good representative of Christ cross-culturally, at the same time we acknowledge this as an opportunity for maturity and growth for the members.

With the above ideals in mind, would you recommend this candidate for the Short-Term Missions? Please place an "X" & then explain.

- I recommend him/her with enthusiasm.
- I recommend him/her, acknowledging the following weaknesses.
- I do not recommend him/her to join SMT this year.

Please explain the reason for your answer:

Signature:

Date: