

Application for SMT (Short-term Mission Trips)

Dear Returning Applicant,

Welcome back to SMT!

Although your application is shortened as a returnee, it is another step through which you may discern God's guidance in your life through SMT, as well as for the SMT 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:

For Team Departure Period	Application Deadline
Spring - Aug	March 7
Sept - Dec	June 1

❖ 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 (as an attachment)

❖ Please note that an incomplete application will not be reviewed, and the **deadline will be strictly observed.**

❖ To download extra copies of the application, please go online to www.ynccla.org.

❖ For inquiry please contact: Pastor Yana Ahn at yana@ynccla.org

❖ This is a pdf form that you can check boxes and type in the blanks with the exception of signatures.

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. Last SMT Information

- Last SMT Participated: Year _____ Team _____
- I have filled out the proper SMT application last time I participated.
- I have met the pre-requisite of Mission 101 prior to last SMT participation.

If you could not check off any one of the above, please contact smt@ynccla.org to discern which application you need to fill out.

B. Application Form *(need to check all)*

- Personal Information
- Medical Information
- Field Preference
- Essay Questions
- I have read SMT policy, before signing the application.

C. 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.**)*

D. Reference

- From Pastor (Name & Signature Only)

Print Name	Signature

- From Referent (e.g. peer, supervisor, mentor): _____
Name

E. Registration Fee (includes training materials)

- Non-refundable Fee of \$50: Payable to YNCC.

MEDICAL INFORMATION
(Confidential)

1. In case of emergency:

Contact Person:	Relationship:
Daytime Phone:	Evening Phone:

Please fill out the section that has been changed since your last application.

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

3. Do you have medical insurance? Yes No

Name of Company: _____ Policy Number: _____

Does your insurance cover your overseas stay? Yes No

4. Are you currently on medication? Yes No

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

RX	Reason

5. Do you have any allergies? Yes (Explain) No

6. Please inform us of your medical background that we should be aware of, as you are participating in SMT.

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FIELD & MINISTRY PREFERENCE

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

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

2. 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 non-YNCC sponsored trip in mind (See #4 Below)
- I have a group of people I would like to join the team together.
 (Specify) _____

3. 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.	
Please explain 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

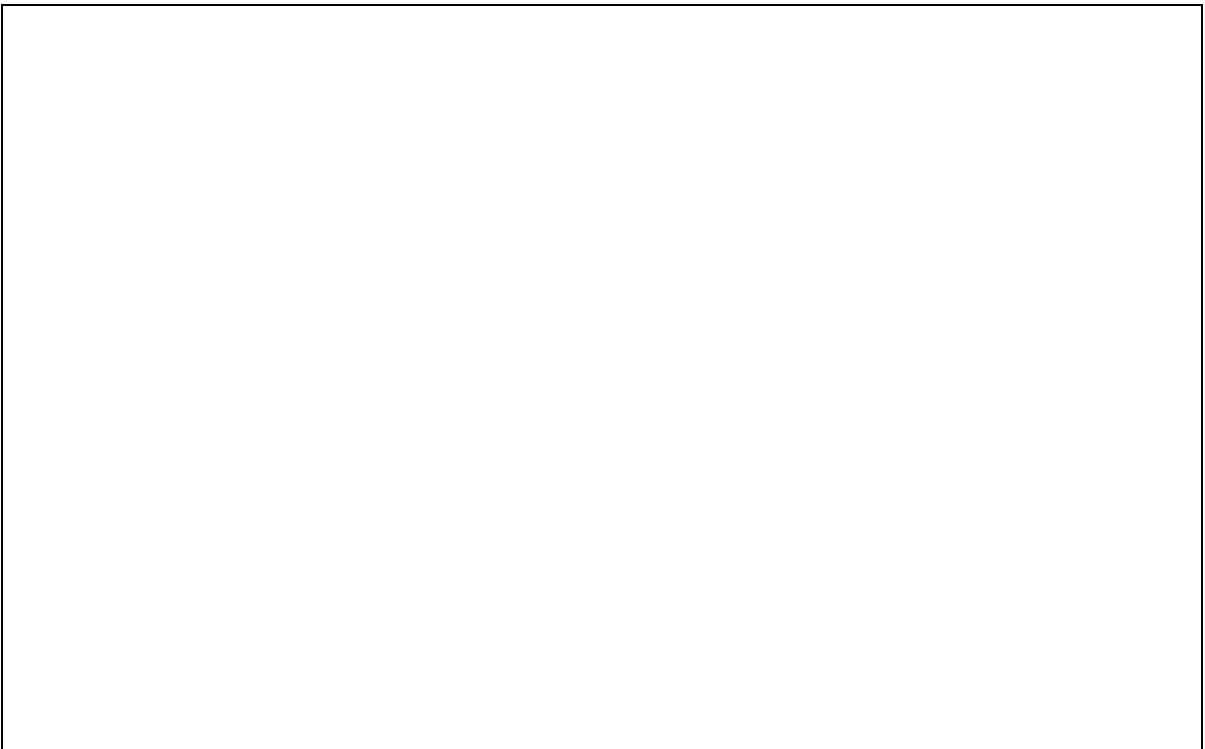
1. What was one of the key blessings/lessons God has taught you thru your last SMT? And how have you been incorporating the above lessons/blessings into your daily life since your return? Do you feel you have been transformed as a result? If so, how? If not, then what might be the main cause of lack of transformation?

2. Has there been any new ministry involvement since your return from SMT and how have you been growing from it?

3. If none for #2, then, have you noticed any difference in your serving before and after of SMT?
How, and why? Or why not?



4. Please explain why you would like to participate in this season's SMT.



SMT POLICY

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

- 1. To follow the Young Nak SMT mission policy, including the financial guideline,
- 2. 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.
- 3. To work together as a team from the beginning to the end of the SMT including the debriefing,
- 4. To seek for an opportunity to serve the church actively upon returning from Short-Term Missions, and
- 5. Above all, to depend on God completely in all aspects of SMT from the beginning to the end.

Signature:	Date:
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**** CONFIDENTIAL ****

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: