



# CULTURE Shock

## Application

### General Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: (Month/Day/Year) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

College/University Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Which of our programs are you interested in:**

Culture Shock Express Trips

3 Month Trips

6 Month Trips

Culture Shock Extreme Trip

11 Month Trip

Culture Shock Equip

2 Year Internship

#### **Availability Dates:**

Indicate the dates you expect to be at school:

\_\_\_\_\_ to \_\_\_\_\_

Indicate the dates you expect to be at home:

\_\_\_\_\_ to \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Best time to reach you: \_\_\_\_\_  
At phone: \_\_\_\_\_  
Your Home Church: \_\_\_\_\_  
Affiliation/Denomination: \_\_\_\_\_  
T-Shirt Size (Adult male size): \_\_\_\_\_  
Application Fee of \$35.00: \_\_\_ Cash \_\_\_ Check (Make check payable to Network 21 Missions)

## Parent Information

Mother's Full Name: \_\_\_\_\_  
Mother's Phone: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
Father's Phone: \_\_\_\_\_  
Father's Email: \_\_\_\_\_

Guardian's Full Name (if different than parents): \_\_\_\_\_  
Guardian's Phone: \_\_\_\_\_  
Guardian's Email: \_\_\_\_\_

Parent/Guardian Mailing Address (whom you live with):  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Educational History

	Yrs. Completed	GPA	Graduation Year
High School:	_____	_____	_____
College/University:	_____	_____	_____
School/College Name:	_____		
Degree/Major:	_____		
Minor(s):	_____		
Extra Curricular Activities:	_____		
_____			
Languages studied and degree of fluency:			
_____			
_____			

# Marketing Information

1. How did you FIRST hear about N21M?

- I used an Internet search engine to look for a mission opportunity.
- I went on a previous trip with N21M.
- A pastor/friend recommended N21M.
- A mission group came to my campus and referred me to N21M.
- A N21M representative talked to me. Rep Name: \_\_\_\_\_
- I went to a student/mission conference and I picked up information about N21M.
- Other (please be specific): \_\_\_\_\_

2. If, in #1 above, you indicated that you FIRST used an Internet search engine to find a mission trip, what search engine did you use? Also, what search words/phases did you enter into the search engine?

\_\_\_\_\_  
\_\_\_\_\_

3. What factor(s) led you to consider N21M/Culture Shock for your mission trip? Check those that apply:

- N21M offered the type of mission experience I felt led to take.
- I liked the kind of ministry impact that N21M offers.
- N21M includes spiritual discipleship on its trips.
- The dates of N21M's trips worked for me.
- The cost of N21M's trips was affordable.
- I've been on a previous N21M mission trip and I like the organization.
- Other: \_\_\_\_\_

## Reference Names

Select, and circle, the appropriate relationship from the list provided for each reference below. Both are required. Be sure to let them know that we will be contacting them.

1. Pastor      Youth Pastor      Mentor  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Pastor      Youth Pastor      Mentor  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



# Personal Background Information

Have you ever...

- Been expelled from school?  Yes  No
- Served time in a detention center or jail?  Yes  No
- Been arrested for or convicted of committing a crime?  Yes  No
- Used tobacco products?  Yes  No
- Used or abused alcohol?  Yes  No
- Used of dealt illegal drugs?  Yes  No
- Been involved with gang-related activities?  Yes  No
- Been involved with a cult or the occult?  Yes  No
- Sexually or physically abused?  Yes  No
- Involved in pornography?  Yes  No
- Had suicidal thoughts or attempts?  Yes  No
- Been sexually active (omit if married)?  Yes  No
- Had diabetes or hypoglycemia?  Yes  No
- Had seizures?  Yes  No
- Had fainting spells?  Yes  No
- Had an eating disorder?  Yes  No
- Had breathing problems?  Yes  No
- Been involved in cutting?  Yes  No
- Had psychiatric care?  Yes  No
- Taken depression medication?  Yes  No
- Been pregnant or fathered a child?  Yes  No
- Taken medication for behavior?  Yes  No

If you answered "Yes" to any of the above questions, please give a complete explanation. Please attach another page if needed it to the application.

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Listed below are of the tendencies which, if present, may reduce the effectiveness of a participant. Please check word(s) or description(s) with which you have struggled or currently struggle.

- Dishonesty
- Loneliness
- Workaholism
- Embarrassment
- Moodiness
- Excessive guilt
- Impulsiveness
- Stress or Tension
- Inability to take a joke
- Being easy offended
- Inability to make friends
- Negativity or criticalness
- Feelings of rejections
- Prejudice or intolerance

- |                                            |                                                              |
|--------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Impatience        | <input type="checkbox"/> Stealing or kleptomania             |
| <input type="checkbox"/> Discouragement    | <input type="checkbox"/> Violence, anger or arguing          |
| <input type="checkbox"/> Excessive worry   | <input type="checkbox"/> Homosexual feelings or activity     |
| <input type="checkbox"/> Being "cocky"     | <input type="checkbox"/> Confusion or hopelessness           |
| <input type="checkbox"/> Being domineering | <input type="checkbox"/> Exclusive or absorbing infatuations |
| <input type="checkbox"/> Rebelliousness    | <input type="checkbox"/> Attention Deficit Disorder          |

Please explain if any of the above tendencies are checked. Please attach another page if needed it to the application.

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### Christian Life

Describe your present walk with the Lord. Please list any event or experiences you consider milestones in your spiritual growth and relationship with Him.

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Have you read our Statement of Faith?  Yes  No  
 Do you agree with it?  Yes  No

Describe any ministries/activities you have participated in or any Christian work you have done. How are you currently using your spiritual gifts? How active are you in your church?

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Describe an experience you've had as part of a team in ministry. What role did you play?

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Do you have a regular time with God? Do you feel one is necessary while in ministry as a member of this program? How about in "regular life"? Why or why not?

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## Missions Interest

Please answer the following questions THOROUGHLY and HONESTLY. There are no "perfect answers". Just express yourself honestly. Tell us about your missions experience. What did you do on your trips? What did you learn?

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Tell of your experiences of sharing your faith. What is your approach? How well have you followed up with those who came to know Christ through you?

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Why do you want to be a part of this mission trip? What do you hope the impact of this trip will be on your future?

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### Miscellaneous Information

After reading the information on your trip, what do you think the biggest challenge will be for you?

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Have you talked with your parents and/or mentors about your involvement in this trip? What was their response? Do they have any concerns?

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Do you have any allergies, food restrictions or any physical limitations?

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## Agreement and Release

**Please read the following paragraph carefully. If you agree to it, please check "I agree".**

The information given here is accurate to the best of my knowledge. I authorize any references listed in this application to give Network 21 Missions any information (including opinions) that they may have regarding my character, abilities or spiritual readiness for this program. I release all such references for any liability for furnishing either written or verbal information, opinions or evaluations to Network 21 Missions, provided they do so in good faith and without malice. I waive any right that I may have to inspect the information provided about me. Should my application be accepted, I agree to abide by the policies, guidelines and leadership of the program.

I agree     I do not agree    Applicant's Signature: \_\_\_\_\_