

VISION

To see the light of the gospel shining throughout North Korea and its surrounding nations, and its people strengthened by the message of faith.

MISSION

Through practical and spiritual means we will see the light of the Gospel shining throughout North Korea and all the nations beyond.



Application Form



Confidential

CHECK LIST OF REQUIREMENTS:

A. On submission of this Application Form:

- Personal Recommendation Form
- Photocopy of your passport
- Medical Assessment Form (optional)
- Deposit of £300—non refundable

For Official Use Only:

B. Other requirements to be completed by the applicant:

- Personal Interview with NKandBeyond Mission's Leaders
- Monthly STM Meeting x 3
- NK&Beyond Monthly Overnight Prayer Meeting x 2
- Release of Liability Form
- Short Term Mission Covenant Form
- Personal Travel Insurance
- Remaining Mission Trip Fee of £ 600(excluding deposit)
- Book Reading

ABOUT YOU

Title	<input type="text"/>	Full Name	<input type="text"/>	
Preferred Name	<input type="text"/>	Date of Birth	<input type="text"/>	
Citizen of what country	<input type="text"/>		Height	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

Personal Details

Address

City County Postcode / Zip

Country Telephone Fax

Email Passport number

Marital status Single Engaged Married Separated Divorced

Name of spouse or fiancée

How does your spouse feel about this trip?

Do you have children? Yes No How many?

Work Experience

Please give details of your current employment below.

Employer Position

Self-employed? Yes No How long have you worked for your Employer

Have you quit your job to come on this trip? Yes No

If Yes, where will you work upon your return from this trip?

How many jobs have you had in the past three years?

Travel Experience

How many countries have you traveled to before? Please enter travel details below

Country Purpose Dates

Country Purpose Dates

Country Purpose Dates

Country Purpose Dates

Christian Experience

Briefly describe how and when you became a Born-again Christian. Please continue on a separate sheet if necessary.

Currently an active member of a church? Yes No If Yes, what church

Web Address Phone

What area (s) are you involved in the church?

Name of your Pastor Are you filled with the Holy Spirit? Yes No

Medical

Do you have any physical, mental or emotional disability which might affect you during the period of this trip?

Yes No

If 'Yes', please specify: Fainting Spells Seizures Allergies

Psychiatric care Depression Other

Diabetes Eating disorder

If 'Yes', or 'other', please explain below

Declaration

I have read and understand the above information. The information I have given NKandBeyond Missions is accurate and true to the best of my knowledge. I also give NKandBeyond Missions the right to use my picture, voice and/or testimony in any form of media for promotional materials in addition, I hereby state my willingness to submit to the authority and guidelines of NKandBeyond. During all aspects of this missions trip I will maintain the highest standards of ministerial excellence and agree to serve the entire ministry team with love, humility and respect at all times.

Signed: _____ Date: _____

Return Forms To:

NK&Beyond Missions International

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NKandBeyond is a mission organization focused on missions to the most unreached.