

# RMNi

RECONCILIATION MINISTRIES NETWORK

## SHORT-TERM TRIP APPLICATION

We welcome your interest in serving with Reconciliation Ministries Network! Please provide the information requested below. You will then be contacted as to whether or not you are selected for the particular ministry Team. Please mail this and the notarized Waiver of Liability Statement to: RMNi, POB 2537, Chattanooga, TN 37409-0537. Thanks.

**Personal Information: Please give your full name as it appears or exactly as it will appear on your passport, which includes your middle name.**

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ID# (office use) \_\_\_\_\_ Employer/School address \_\_\_\_\_

Mr.  Miss  Mrs.  Other \_\_\_\_\_ Nationality \_\_\_\_\_ 1<sup>st</sup> foreign mission trip?  Yes  No

Previous ministry trips to? \_\_\_\_\_

For Visa: Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ Frequent flyer #(s) \_\_\_\_\_

Airplane seating preference? (aisle, window, or none) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_

Work phone \_\_\_\_\_ Work extension \_\_\_\_\_ Home phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax number \_\_\_\_\_ SocSec# \_\_\_\_\_

Email \_\_\_\_\_ Referred by \_\_\_\_\_

Marital status \_\_\_\_\_ (Spouse's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

Passport# \_\_\_\_\_ Place issued \_\_\_\_\_ Expiration \_\_\_\_\_

Country and month/year of Team ministry trip for which are you applying? \_\_\_\_\_

Do you agree with the entire RMN doctrinal statement? \_\_\_\_\_ If not, please explain why on reverse side.

Desired ministry activities, in order of preference 1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_ 3) \_\_\_\_\_ Home church \_\_\_\_\_

Ministry experience \_\_\_\_\_

### References:

1) Home pastor \_\_\_\_\_ Pastor's telephone \_\_\_\_\_

Pastor's mailing Address \_\_\_\_\_

Pastor's fax \_\_\_\_\_ Pastor's email \_\_\_\_\_

2) Close friend's name \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing address \_\_\_\_\_ Email \_\_\_\_\_

3) Additional reference name \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing address \_\_\_\_\_ Email \_\_\_\_\_

**Christian Life:**

Please write a one-page account describing how you became a Christian and why you are sure that you are going to heaven.

**Other information:**

Closest major airport—departure\_\_\_\_\_Closest major airport—return\_\_\_\_\_

Passport #\_\_\_\_\_Expiration date\_\_\_\_\_(Please provide a photocopy of the passport page with your photo—you may send it later if not available now.)

Are you willing to work with Christians from a wide variety of other denominations?  Yes  No

Why do you want to go on this trip?\_\_\_\_\_

\_\_\_\_\_

Are you willing to attend the 4 Team preparatory meetings, unless Providentially hindered?  Yes  No

Are you willing to complete a brief post-trip evaluation form?  Yes  No

Are you willing to thank all known donors and give a report to them upon your return?  Yes  No

**Medical**

In an emergency, contact: Name\_\_\_\_\_Home Tel.#\_\_\_\_\_

Alternate Tel.#\_\_\_\_\_Address\_\_\_\_\_City\_\_\_\_\_

State\_\_\_\_\_Postal code\_\_\_\_\_Email address:\_\_\_\_\_Relationship\_\_\_\_\_

IF you have medical insurance valid for overseas travel: Agent /Company name\_\_\_\_\_

Policy #\_\_\_\_\_Emergency claim tel.# \_\_\_\_\_

Primary care physician name\_\_\_\_\_Telephone # \_\_\_\_\_

Primary physician's address\_\_\_\_\_

Blood type\_\_\_\_\_Medications taking now:\_\_\_\_\_

Allergies\_\_\_\_\_Other necessary medical information\_\_\_\_\_

Is there any other information of which we should be aware?\_\_\_\_\_

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\_\_\_\_\_

How has God gifted you for ministry?

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\_\_\_\_\_

In what areas is God helping you to grow, at present?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

2/28/07