

RMN 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: RMN, 5608 Bradford Avenue, Chattanooga, TN 37409-2211. 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 _____

Mr. Miss Mrs. Other _____ Nationality _____ 1st foreign mission trip? Yes No

Previous ministry trips to? _____

Best address _____

City _____ State _____ Postal code _____

Work phone _____ Work extension _____ Home phone _____

Mobile Phone _____ Fax number _____

Email _____ Referred by _____

Marital status _____ (Spouse's name) _____ Date of birth _____

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.)**

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 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 _____ Tel.# _____

Alternate Tel.# _____ Address _____ City _____

State _____ Postal code _____ Email address: _____

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

Policy # _____ Emergency claim tel.# _____

Blood type _____ Medications taking now: _____

Allergies _____ Other necessary medical information _____

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