

# RMNi

RECONCILIATION MINISTRIES NETWORK

## SHORT-TERM TRIP APPLICATION

We welcome your interest in serving on a short-term mission trip! 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 \_\_\_\_\_

Street \_\_\_\_\_

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 \_\_\_\_\_

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

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

Do you agree with the entire RMNi 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 \_\_\_\_\_ Mobile phone \_\_\_\_\_

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

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

Mobile phone# \_\_\_\_\_

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

3) Non-family reference \_\_\_\_\_ Telephone # \_\_\_\_\_

Mobile phone # \_\_\_\_\_  
Mailing address \_\_\_\_\_ Email \_\_\_\_\_  
4) Non-family reference \_\_\_\_\_ Telephone # \_\_\_\_\_  
Mobile phone # \_\_\_\_\_  
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 join in preparatory Team 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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\_\_\_\_\_  
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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 \_\_\_\_\_

11/22/2010