

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 the notarized RMNI Waiver of Liability Statement to: RMNi, POB 2537, Chattanooga, TN 37409-0537. Thanks. **Date** _____

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

First name _____ Middle _____ Last _____

Employer/School address _____

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

Previous ministry trips to ? _____

Home address: Street _____

City _____ State _____ Postal code _____

Work phone _____ Work extension _____ Home phone _____

Mobile Phone _____ Fax number _____

Email _____ Referred by _____

Marital status _____ (Spouse's name) _____ Your 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 your disagreement. _____

What are your spiritual gifts? _____

Desired ministry activities, in order of preference 1) _____ 2) _____
3) _____ Home church _____

Ministry experience _____

B. 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 _____

C. Christian Life:

Please send separately a one-page account describing how you became a Christian and why you are sure that you are going to heaven to Jim@RMNI.org.

D. Other information:

Passport # _____ Expiration date _____ (Please provide a clear photocopy of your passport photo page—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 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

E. 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? _____

How has God gifted you for ministry?

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

Date _____

1/3/2012 Rev.