

RHMi Mission Application

NOTE: Please list your name EXACTLY as it is shown on your passport.

Last name _____ First _____ Middle _____ Birth date _____

Mailing address _____ City _____ State _____ Zip _____

Male _____ Female _____ Email address _____

Home phone _____ Work phone _____ Cell _____ Marital Status _____

Passport number _____ Expiration date _____ Place issued _____

(If you do not have a valid passport, the process to get one could take several weeks)

Are you a US citizen? _____ If not, list citizenship _____

Other than English, do you speak additional languages? _____

Please list any medical problems that you currently have. For example: diabetes, asthma, allergies _____

Are you taking medications regularly? _____ If yes, what? _____

*** * If you have a serious medical condition you must have a letter from you Physician saying it is ok for you to travel to Tanzania, East Africa.**

Name of Personal Physician: _____ Telephone: _____

Blood type: _____ Date of last tetanus/diphtheria vaccination _____

Please list your current health insurance company and policy number _____

_____ Does the policy cover you abroad? _____

Does your insurance cover air evacuation in case of an emergency? _____

If it does not you may want to purchase short-term missions travel insurance. Ask your team leader for information.

Emergency Contact:

Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

Home phone _____ / _____ Work phone _____ / _____

Cell phone _____ / _____

Church Information:

What church do you attend? _____ Church Phone # _____

How long have you been attending? _____ What is your Pastor's Name : _____

Please provide RHMi with a name of someone from your church that can be a **character reference for you**. It needs to be a Pastor, Sunday School Teacher, Small Group Leader or Discipleship Leader. We will contact them.

Name: _____ Phone #: _____

How do you know this person? _____ (example: Pastor)

Past mission trips in which you have participated:

Year _____ Location _____ Year _____ Location _____

Year _____ Location _____ Year _____ Location _____

Other Ministry Experiences: _____

Have you: a) given your personal testimony before a group? Yes No

b) led anyone to accept Christ as Savior? Yes No

**** Please submit with this application** a brief statement of how you became a Christian.

(If you have been on a previous mission trip with RHMi, **there is no need** to resubmit your testimony)

Release of Claims: On this trip I will participate voluntarily and of my own free will. I will not hold trip leaders, the sponsoring mission/missionaries or Rejoice and Hope Ministries International (RHMi), or the Board of Directors of RHMi responsible for any accident, injury, illness, death or other personal loss that might result from this trip and I will release them from any liability, whether arising from the negligence of those persons or otherwise. I authorize trip leaders as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness, which is deemed advisable. I will submit to trip leadership. I will maintain a cooperative spirit. To the best of my ability, I will participate in trip preparation and evaluation sessions. I understand that I am responsible for purchasing my own short-term emergency medical insurance.

Signed: _____ Date: _____

**** Mission Team Application must be submitted with the signed Mission Trip Guidelines to be accepted.**

\$200.00 deposit must be sent in with application.