

APPLICATION

Summer Mission Trip to Braila Romania (June 25 – July 4, 2009)

Team Leader- Bob Jackson, 256-353-5912

Romanian-American Mission

P.O. Box 2024, Decatur, Alabama 35602

Phone: 256-353-5912 Fax: 256-308-1100

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1. NAME (IMPORTANT: PLEASE PRINT NAME AS IT APPEARS ON YOUR PASSPORT OR DRIVER'S LICENSE!)

Last Name

Middle Initial First Name

Name You Prefer To Be Called

Birth Date

Place of Birth

2. CURRENT MAILING ADDRESS

HOME ADDRESS (if different)

Address

Address

City

State

Zip Code

Locality

State

Zip Code

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail _____

3. MARITAL STATUS

Married Divorced Widowed Single

4. EMPLOYMENT INFORMATION

Employer's Name

Locality

State

Zip Code

Job Description

Personal Skills

5. CURRENT CHURCH ATTENDING

HOME CHURCH MEMBERSHIP (if different)

Church Name

Church Name

Address

Address

Locality

State

Zip Code

Locality

State

Zip Code

Phone _____ Fax _____

Phone _____ Fax _____

E-mail _____

E-mail _____

Pastor's Name _____

Pastor's Name _____

6. MINISTRY EXPERIENCE

Are you a baptized Christian? Yes No

Activities you are involved with in church _____

Activities you lead in church _____

Have you served in a short mission before? Yes No

If yes please provide information Where _____ When _____ Ministry _____

7. SERVICE INFORMATION

Where would you like to plug in on this Mission Trip? (Please check) Preaching Soul-winning Singing Discipleship Training Work with Street Children
 Work with Youth Construction Team Anywhere I can be used Other (specify) _____

8. MEDICAL INFORMATION

Do you now have or have you ever had one of these? Asthma Diabetes Heart Trouble Tuberculosis
 Mononucleosis Psychiatric Counsel Other Serious Illness

Current medical problems _____

Medication you are taking _____

Special Diet _____

Health and Medical Insurance _____
Insurance Company *Group and Policy Numbers*

Legal name of beneficiary for insurance _____
Last Name *First Name* *Relationship To You*

Next of kin to notify in case of emergency _____
Last Name *First Name* *Relationship To You*

Phone Number *E-mail*

Passport Number _____ Date Passport Was Issued _____

Name as it appears on Passport _____

9. HOTEL ROOM ASSIGNMENT

I prefer to room with _____
Last Name *First Name*

Please place me with a fine Christian roommate

10. AIRPORT

If option available what airport in the United States would you prefer to depart from?

11. COMMENTS

Signed _____

Date _____

VERY IMPORTANT!

Please mail a check of \$ 1500 (registration fee) by March 1, 2009, a copy of your passport's photo page, a completed application form, and a completed form granting permission for a background check. Mail the four documents to: RAM, PO Box 2024, Decatur, Alabama 35602

Thank You!