

# APPLICATION

## Summer Mission Trip to Cernavoda, Romania (July 2– July 11, 2009)

Team Leader-Bill Nallia, 502/223/8770

### Romanian-American Mission

P.O. Box 2024, Decatur, Alabama 35602

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

[ramusa@dcr.net](mailto:ramusa@dcr.net) [www.ram-christian.org](http://www.ram-christian.org)

### 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!**