

APPLICATION

Summer Mission Trip to Piatra Neamt, Romania (July 19 – July 28, 2012)

Team Leaders-Billy Nale, 251-979-3076, Justin Nale, 252-977-7906

Romanian-American Mission

2801 Hwy 31 South, Decatur, Alabama 35603

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

ramusa@dcr.net 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 _____

9-Day Mission Trip
\$1,500 – Airfare, due by March 15, 2012
\$1,250 – Expenses, due by April 15, 2012
\$2,750.00- due by May 15, 2012

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! 4 Documents Needed When Mailing Monies

Please mail a **(1) check of \$ 1500** (registration fee) by March 15, 2012, **(2) a copy of your passport's photo page**, **(3) a completed application form** and a **completed form** (located at www.ram-christian.org) granting permission for **(4) a background check** (provided you do not have one on file in the RAM office). Mail the four documents to: **RAM, 2801 Hwy 31 South, Decatur, Alabama 35603**

Thank You!