

# APPLICATION

## Summer Mission Trip to Valencia, Spain ( July 1-July 10 , 2012)

Team Leader-Jeff Copeland, 251-947-4362

### Romanian-American Mission

2801 Hwy 31 South, Decatur, Alabama 35603

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

\_\_\_\_\_  
Job Description

\_\_\_\_\_  
Locality State Zip Code

\_\_\_\_\_  
Personal Skills

#### 5. CURRENT CHURCH ATTENDING

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Locality State Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Pastor's Name \_\_\_\_\_

#### HOME CHURCH MEMBERSHIP (if different)

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Locality State Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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 May 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](http://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!**