

# Ron Herrod Evangelism Ministries Association

## *Mission Trip Application*

What Mission Project do you wish to go? \_\_\_\_\_ Dates \_\_\_\_\_

PLEASE NOTE: A \$200 DEPOSIT IS DUE WITH YOUR APPLICATION

Upon your acceptance on a team, your deposit becomes non-refundable and will be applied to your total trip cost.

Last Name	<input type="text"/>	First Name	<input type="text"/>	Initial	<input type="text"/>	<input type="checkbox"/> Male
						<input type="checkbox"/> Female
Street Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip
Email:	<input type="text"/>	Phone Number	<input type="text"/>	Cell Number	<input type="text"/>	
Birthdate mm-dd-yyyy	<input type="text"/>	Age	<input type="text"/>	Do you have a passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name as it appears on passport	<input type="text"/>					
Issue Date	<input type="text"/>	Expiration Date	<input type="text"/>	Passport #	<input type="text"/>	
<b>In case of an emergency contact:</b>	<input type="text"/>			<input type="text"/>		
Phone Number	<input type="text"/>	Cell Number	<input type="text"/>	Relationship	<input type="text"/>	
Your Marital Status (please check one)						
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced and Remarried	Spouse's Name		
<input type="checkbox"/> Engaged	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced		Children:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name of beneficiary for travel insurance:</b>	<input type="text"/>					

Where is your church membership?

Pastor's Name  Phone Number

What ministry do you have in your local church?

Do you know your spiritual gift? List

Application deadline is 45 days prior to the trip.

Please write the appropriate code next to the skills/talents you possess. All these areas may not be offered on all trips.  
 Codes: 1 - Average 2 - Better than average 3 - Professional

<b>Ministry</b>	<b>Medical</b>	<b>Construction</b>	<b>Miscellaneous</b>
Preaching <input type="checkbox"/>	Physician <input type="checkbox"/>	Carpentry <input type="checkbox"/>	<input type="checkbox"/>
Teaching <input type="checkbox"/>	Nursing <input type="checkbox"/>	Masonry <input type="checkbox"/>	<input type="checkbox"/>
Personal Witnessing <input type="checkbox"/>	Dental <input type="checkbox"/>	Painting <input type="checkbox"/>	<input type="checkbox"/>
Counseling <input type="checkbox"/>	Therapy <input type="checkbox"/>	Electrical <input type="checkbox"/>	<input type="checkbox"/>
Women's Ministry <input type="checkbox"/>	EMT <input type="checkbox"/>	Plumbing <input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>

Do you speak a foreign language?  Yes  No What language?

Please list all previous mission experience:

	Country	Church/Organization	Date of Project	Ministry
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

What are the most significant events that have occurred in your life in the past two years?

If you are in a dating/engaged relationship, is the person applying to serve on the same trip?  No  Yes

Have you been convicted of committing a crime within the last two years?  No  Yes

Current place of employment?  Job Title

How would you describe your present health?  Excellent  Good  Average  Poor

Describe any major illness(es) that you have had in the past five years

Are you presently under the care of a physician or taking any medications?  No  Yes

If yes, please explain

**Please attach a separate sheet with your personal testimony of how you came to accept the Lord Jesus Christ as your personal Savior.**

Copy and answer ALL questions. Mail this completed form as soon as possible. However, you will not be assured of participating in this trip until a copy of this signed form and the \$200 deposit is received in the R.H.E.M.A. Office: 3731 Shipwatch Ln, Knoxville, TN 37920

Participant's Signature:  Date: