



APPLICATION FOR MISSIONS TRIP

PERSONAL INFORMATION

Name _____ Date _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone # –Work (____) _____ Cell (____) _____

Email Address _____

Permanent Address (if different)

City _____ State _____ Zip Code _____

Date of Birth _____ Citizenship _____

Passport Number _____

City and State Where Issued _____

Name as It Appears on Passport _____

Country of Birth _____

Expiration Date _____/_____

Male Female

Marital Status (please check one) Single Married Engaged Widowed

Separated Divorced Annulled Divorced and Remarried

Spouse's Name _____

Names and Ages of Children

Emergency Contact:

Name _____ Relationship to You _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home / Cell (____) _____

IF < 18 YEARS OLD OR LIVING AT HOME: Parent(s): _____

Have you talked with your parents about short-term ministry? Yes _____ No _____

Are they supportive? Yes _____ No _____ If no, please explain _____

TESTIMONY

In the space provided below, please share your salvation testimony. Please include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Briefly describe why God is calling you to participate on this trip.

What do you see as your role on this ministry team?

INVOLVEMENT

Church membership: _____

How long have you been a member? _____

List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held.

How would you describe your daily relationship with Jesus Christ?

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held.

What are your spiritual gifts?

In what areas of your life have you seen spiritual growth?

Have you had training in personal evangelism? Yes _____ No _____

Please explain _____

REFERENCES

Please provide two references. One reference should be a church pastor or department director in a ministry in which you serve. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name _____

Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home / Cell (____) _____

Work (____) _____ Email: _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home / Cell (____) _____

Work (____) _____ Email: _____

Applicant's Signature: _____

Date: _____

**REACHING ROMANIA MINISTRY TRIP
RELEASE AND MEDICAL TREATMENT AUTHORIZATION FORM**

I, _____, hereby agree to participate in the missions trip to **ROMANIA**, sponsored by REACHING ROMANIA, a ministry of The Union Mission, **Dates** _____.

I release REACHING ROMANIA and The Union Mission, its employees, the Official Board, and the trip's leadership team from all liability in connection with this trip, including but not limited to any illness, accident, or injury resulting from my participation in this trip.

Should any illness, accident, or injury requiring emergency medical treatment, hospitalization, medication, or surgery, I hereby give my permission for said treatment and agree to pay for any such service rendered by the treating physician(s), emergency room, or hospital.

Signed: _____ Date: _____

Name as it appears in your passport: _____

Passport Number: _____ Social Security Number: _____

Primary Medical Insurance Company: _____

Group No. _____ Policy No. _____

Address _____

Sponsor's Name: _____

Secondary Medical Insurance Company: _____

Group No. _____ Policy No. _____

Address _____

Sponsor's Name: _____

In case of an emergency during this trip, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please include a copy of your passport and front and back of your insurance card/s.

**REACHING ROMANIA MINISTRIES
MEDICAL INFORMATION FORM**

NAME: _____

Blood Type: _____

List any specific allergies:

List any medication that will be required during the trip (include over-the-counter):

The food in **Romania** is not what would normally be expected in the United States. Do you have any specific diet restrictions or diet related problems that the group will need to accommodate? _____

If yes, please describe.

It is anticipated that the temperature during the trip will vary throughout the day, that team members will be required to be on their feet for several hours at a time, and that daily schedules will, potentially, last 12-16 hours. Do you anticipate any potential medical or other problems due to the heat or an arduous schedule? _____

If yes, please describe.

Is there any history of motion sickness? _____

Is there any history of sleep disorders? _____ If yes, please describe.

Are there any conditions not mentioned above that you feel it is important for the leaders to know? If yes, please describe:

Additional Health/Insurance Questionnaire for Applicants Ages 65-80

Please note that failure to disclose material information that would influence the acceptance of the risk and/or terms applied could void insurance policy. If you are in doubt as to whether any information is material, it should be disclosed.

Name: _____ Height: _____ Weight: _____

Date of Birth: ____/____/____ Occupation: _____

Primary Care Physician: _____ Office Number: _____

Circle YES or NO as appropriate. Please include details for all yes responses.

1. Does the person to be insured have any PAST or PRESENT medical history? YES NO

2. Have any surgical history? (Include all minor and/or outpatient procedures). YES NO

3. Take any medications on a daily basis? (List all medications and doses.).....YES NO

4. Have any known drug allergies? (Please list below.).....YES NO

5. In the past 24 months have you sought medical attention for any illness or injury?

YES NO If yes, please detail: _____

6. Have you been hospitalized within the past 24 months.....YES NO

If yes, please detail: _____

7. Do you drink alcohol and/or use tobacco products daily?YES NO

8. Have impaired vision and/or hearing?YES NO

9. Have a pacemaker, defibrillator, or prosthetic device?YES NO

10. Has your request for any insurance (accident, medical, or life) ever been denied or terminated?YES NO

11. At any time has your current insurer imposed special conditions or increased your premium?YES NO

DECLARATION: I declare to the best of my knowledge and belief the above statements and particulars are true and complete.

Signature: _____ Date: _____