



Adult Application

Please print clearly

Date _____

Full Legal Name (as it appears on passport) _____

Address _____
(Street or PO Box) (City) (State) (Zip)

Phone Number (_____) _____ **E-Mail** _____

Date of Birth ____/____/____ **Sex** M F **T-shirt size:** M L XL XXL

Citizenship USA () Canadian () Other _____

Church

Church you currently attend _____ Phone _____

Denomination _____ Church Address _____

Experience/Education

Do you have experience in any of the following:

- | | | |
|-------------------------------------|------------------------|--------------------|
| _____ Medical/Dental | _____ Hair cutting | _____ Computer |
| _____ Interpreter/ Foreign Language | _____ Mechanics/Driver | _____ Construction |
| _____ Electrical | _____ Plumbing | _____ Preaching |
| _____ Drama/Music | _____ Welding | _____ Other _____ |

Travel Outside the United States

Have you previously traveled outside the USA? Where? For what purpose?

Briefly describe your overseas experience.

Tell us about you

1. Describe your relationship with Jesus Christ, how and when it began, and where you are on this faith journey now.

2. How is the Lordship of Jesus demonstrated in your life?

3. Briefly describe the following:

a) Significant happenings in your life.

b) Relationships with spouse, parents, or siblings.

c) Attitudes toward discipline and authority.

4. Describe your ministry skills (IE evangelism, drama, teaching, prayer, music, etc.) And your professional skills (IE: construction, computer, medical, dental, etc.)

5. To the best of your understanding, what are your spiritual gifts?

6. This experience is designed to help you explore missions. What is your history with missions? Why this trip?

7. What are your hobbies?

The Nitty-Gritty's of Belief (please include Scriptures if you can)

Who is Jesus Christ in your understanding?

Why did He die on the cross?

What is the significance of His resurrection in your life?

What does "the lostness of man" mean to you?

Who is the Holy Spirit and what is His purpose?

How does a person become a Christian?

What is the basis of forgiveness of sins committed after having received Christ as Savior?

Are you willing to worship with believers who do so in a manner different from you?

What is your understanding of Matthew 28:19-20 and to whom does it apply?

Emergency Information In case of emergency, whom would we notify?

1) Name _____ Relationship _____

Telephone _____ Alt. Telephone _____

2) Name _____ Relationship _____

Telephone _____ Alt. Telephone _____

Medical Information (Current recommended vaccination information for travel available at www.cdc.gov)

1. **Eyes:** Do you wear glasses? _____ Contacts? _____
2. **Dates of last Immunizations:**

Hepatitis A _____	Last tetanus _____
D/P/T _____	Hepatitis B _____
Rabies: _____	Typhoid _____
	Yellow fever: _____
3. **Physical handicaps:** _____
4. **Allergies:** Food _____
Drug _____
Other _____
If so, do you carry prophylaxis treatment with you? _____
5. **What medication do you currently take?** _____

6. **Any previous surgeries?** _____ **Problems with anesthesia?** _____
Explain: _____
7. **Do you now, or have you ever suffered from:**

	<u>NOW</u>	<u>PREVIOUS</u>
Migraine headaches	_____	_____
Convulsions/Seizures	_____	_____
Eating Disorders	_____	_____
Heart Condition	_____	_____
Hypertension	_____	_____
Diabetes	_____	_____
Cancer	_____	_____

Please check with your medical insurance company if they cover you while out of the country. If not, and you would like information on travel medical insurance, you can call 1-800-284-8300 (Alianz Global Assistance). If we make your flight arrangements, we include travel/medical insurance in your ticket.

INSURANCE INFORMATION

Name _____ Birthdate _____
Medical Insurance Company _____
Policy Number _____ Group Number _____

Signature: I hereby certify that all the above information and statements are accurate to the best of my knowledge. I agree to serve with flexibility, maintain an attitude of teamwork, and to do everything as unto the Lord.

Signature of applicant _____ Date _____

For which trip are you making application? Month _____ Location _____

**Please enclose the \$100.00 non-refundable registration fee (check or money order) made payable to:
RBW Missions · 405 Robbins Ave SW · Willmar MN 56201-3557**