

**REDEEMING LOVE MINISTRIES
2015 CONGO TRIP Application**

General Information

Name (as stated on passport): _____

Address: _____ City: _____ State/Zip Code: _____

Phone: Home _____ Work: _____ Cell: _____

Fax: _____ Email Address: _____

Employer: _____

_____ Occupation: _____

Date of Birth: _____ Place of Birth: _____

Country of Citizenship, if not USA: _____

Passport #: _____ Country of Issue: _____

Passport Expiration Date: _____ Visa Expiration Date (if applicable): _____

Nearest Municipal or International Airports to your home: _____

I plan on using miles, do not book a ticket for me!

Church Affiliation: _____ City: _____

Pastor: _____ Phone #: _____ Email: _____

We would like to learn more about you (Share as much as you are comfortable with)

Did you make a commitment to follow Christ and when?

Please share about your faith and/or current relationship with Christ:

5363 Danville Court ~ Colorado Springs, Colorado ~ 80922

(719)240-8502 ~ RedeemingLoveDRCongo.net

(Please continue on a separate page if necessary)

What is your greatest strength?

What is your greatest weakness?

Ministry

Please list any foreign languages you speak fluently: _____

Have you traveled internationally? Yes No If yes, please fill out the following information:

When?

Where?

Purpose? (Business/Mission/Personal)

Please share why you would like to go on this trip:

Do you have specific skills or experience? Please check whatever applies:

- Construction Medical Elderly Care Children Youth
 Evangelism Teaching Preaching Administration Music
 Bible Studies Business Other

To complete your application, please include the following:

- Signed RLM application**
- Signed JTTW application**
- Medical/Emergency Form**

I have read and understand the above information. My signature signifies that the provided information is accurate and true to the best of my knowledge.

By signing this application form I make a commitment, if accepted, to serve the team and the objectives of this mission's trip, and:

- 1) I understand that the process for acceptance includes a personal interview by phone with the team leader or someone from RLM and is dependent on receiving the recommendation form
- 2) To make myself available for all training sessions
- 3) To prepare myself spiritually
- 4) To be responsible to raise all the required funds and pay expenses in country for reimbursement submission upon return
- 5) To conduct myself at all times in a manner that will honor God and RLM.

Signature: _____ Date: _____

2015 CONGO TRIP Emergency/Medical Information

Name: _____

Date of Birth: _____

Place of Birth: _____

Address

Street: _____

City: _____ State: _____ Zip

code: _____

Phone: Home _____ Work: _____ Cell: _____

Family Doctor

Name: _____

Address: _____

Telephone #: _____

Blood Type/RH Factor: _____

Allergies: Food: _____

Insects: _____

Medicine: _____

Environmental Factors: _____

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REDEEMING LOVE

MINISTRIES

All participants are encouraged to have a general physical exam within one year of the mission trip.

Date of last physical exam: _____

Please explain anything discovered by your physician that may hinder you participating in a JFC:

Health Insurance

Name : _____

ID #

: _____

Group # :

Telephone

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Telephone #: _____

Email Address: _____

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