



OFFICIAL ENROLLMENT FORM

DEPOSIT DUE WITH ENROLLMENT FORM- \$300 PER PERSON (NON-REFUNDABLE) However, if for some reason you are not approved, your deposit will be refunded.

1. NAME (EXACTLY AS IT APPEARS ON YOUR PASSPORT)

(Last) (First) (Middle)

2. PREFERRED NAME 3. SPOUSES NAME

4. ADDRESS

5. CITY 6. STATE 7. ZIP

8. HOME PHONE # () 9. BUS. PHONE # ()

10. CELL # () 11. E-MAIL ADDRESS

12. DATE OF BIRTH 13. GENDER

14. MARITAL STATUS 15. LANGUAGE SKILLS

16. EMPLOYMENT 17. POSITION

18. PASSPORT # 19. ISSUED AT

20. PASSPORT ISSUE DATE: Month/Day/Year 21. PASSPORT EXP. DATE Month/Day/Year

22. BENEFICIARY (optional) (Insurance included in price of trip)

23. EMERGENCY CONTACT INFORMATION:

NAME RELATION

PHONE # () ADDRESS

CITY STATE ZIP

24. WHAT MISSION TRIP ARE YOU APPLYING FOR? 25. DATE

26. CAN YOU PAY FOR TRAVEL EXPENSES? IF NOT, HOW DO YOU PLAN TO RAISE YOUR SUPPORT?

PLEASE ANSWER YES OR NO TO THESE QUESTIONS:

27. _____ ARE YOU AWARE OF AND AGREE TO THAT THIS TRIP MUST BE PAID IN FULL BEFORE LEAVING?

28. _____ DO YOU HAVE PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR PARTICIPATION IN THIS MISSION? IF YES, PLEASE EXPLAIN: _____

29. _____ ARE YOU AWARE THAT THIS TRIP WILL BE PHYSICALLY CHALLENGING?

30. _____ ARE YOU AWARE THAT THIS TRIP WILL BE EMOTIONALLY CHALLENGING?

31. _____ ARE YOU SPIRITUALLY PREPARED TO TAKE THIS TRIP?

32. _____ HAVE YOU BEEN UNDER A DOCTORS CARE WITHIN THE LAST YEAR? IF YES, PLEASE EXPLAIN. (THIS INFORMATION WILL BE KEPT CONFIDENTIAL) _____

33. _____ ARE YOU TAKING ANY PRESCRIPTION MEDICINE ON A REGULAR BASIS? IF YES, PLEASE LIST THEM: _____

34. _____ IS YOUR LIFESTYLE **FREE** OF ALCOHOL, TOBACCO, PROFANITY AND IMMORALITY?

35. _____ DO YOU KNOW JESUS AS YOUR LORD AND SAVIOR? HOW LONG? _____

36. _____ ARE YOU AN ACTIVE MEMBER OF A LOCAL NEW TESTAMENT CHURCH?

37. _____ CAN YOUR PASTOR RECOMMEND YOU FOR THIS TRIP?

(ON A SEPARATE PIECE OF PAPER, PLEASE INCLUDE A BRIEF STATEMENT OF YOUR CHRISTIAN TESTIMONY. YOU CAN OMIT THIS IF YOU HAVE PREVIOUSLY SUBMITTED A TESTIMONY TO RICK VIA MINISTRIES)

38. NAME OF THE CHURCH WHERE YOU ATTEND _____

39. NAME OF PASTOR _____ 40. CHURCH PHONE # () _____

41. PLEASE EXPLAIN WHY YOU FEEL YOU ARE TO GO ON THIS MISSION TRIP AND LIST YOUR SPIRITUAL GIFTS, ABILITIES AND ANY SPECIAL TRAINING THAT YOU HAVE.

**PLEASE MAKE YOUR \$300 NON-REFUNDABLE DEPOSIT PAYABLE TO:
RICK VIA WORLD REACH MINISTRIES**

MAIL ENROLLMENT FORM, DEPOSIT AND COVENANT TO:

**Rick Via World Reach Ministries
P.O. Box 582
Blue Ridge, VA 24064**

(Payments toward your trip can also be made through our Pay Pal account)
(Pastor's Recommendation must be received before you can be approved for this mission)

Phone: (540)977-3610 Cell: (540)521-4508 Email: rick@rickvia.org www.rickvia.org