



OFFICIAL MISSION TRIP APPLICATION

DEPOSIT DUE WITH APPLICATION: \$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. PRIMARY PHONE (____) _____ Cell Home Work

9. E-MAIL ADDRESS _____

10. DATE OF BIRTH _____ 11. GENDER _____

12. MARITAL STATUS _____

13. EMPLOYMENT _____

14. EMPLOYMENT POSITION _____

15. PASSPORT NUMBER _____ 16. ISSUED AT _____

17. ISSUE DATE _____ 18. EXP. DATE _____
Month/Day/Year Month/Day/Year

19. BENEFICIARY (optional) _____
(Insurance included in price of trip)

20. EMERGENCY CONTACT INFORMATION:

NAME _____

RELATION _____ PHONE (____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

21. WHAT MISSION TRIP ARE YOU APPLYING FOR? _____

22. MISSION TRIP DATES _____

23. HOW DO YOU PLAN TO PAY FOR THIS TRIP? _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

24. _____ ARE YOU AWARE OF AND AGREE TO THAT THIS TRIP MUST BE PAID IN FULL BEFORE LEAVING?
25. _____ DO YOU HAVE PHYSICAL LIMITATIONS THAT MAY AFFECT YOUR PARTICIPATION IN THIS MISSION? IF YES, PLEASE EXPLAIN: _____
26. _____ ARE YOU AWARE THAT THIS TRIP MAY BE PHYSICALLY CHALLENGING?
27. _____ ARE YOU AWARE THAT THIS TRIP MAY BE EMOTIONALLY CHALLENGING?
28. _____ ARE YOU SPIRITUALLY PREPARED TO TAKE THIS TRIP?
29. _____ HAVE YOU BEEN UNDER A DOCTOR'S CARE WITHIN THE LAST YEAR? IF YES, PLEASE EXPLAIN: (THIS INFORMATION WILL BE KEPT CONFIDENTIAL) _____
30. _____ ARE YOU TAKING ANY PRESCRIPTION MEDICINE ON A REGULAR BASIS? IF YES, PLEASE LIST THEM: _____
31. _____ IS YOUR LIFESTYLE FREE OF ALCOHOL, TOBACCO, PROFANITY AND IMMORALITY?
32. _____ DO YOU KNOW JESUS AS YOUR LORD AND SAVIOR? HOW LONG? _____
33. _____ ARE YOU AN ACTIVE MEMBER OF A LOCAL NEW TESTAMENT CHURCH?
34. _____ CAN A 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)

35. NAME OF THE CHURCH WHERE ARE A MEMBER _____
36. NAME OF PASTOR _____ 37. CHURCH PHONE (____) _____
38. PLEASE EXPLAIN WHY YOU FEEL YOU ARE TO BE A PART OF THIS TEAM. LIST YOUR SPIRITUAL GIFTS, ABILITIES AND ANY SPECIAL TRAINING OR PRIOR MISSION TRIP EXPERIENCE. _____
- _____
- _____
- _____
- _____

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

**MAIL THIS APPLICATION, DEPOSIT AND COVENANT TO:
P.O. Box 582
Blue Ridge, VA 24064**

(Payments toward your trip can also be made online at www.rickvia.org/give)

NOTE: Pastor's Recommendation must be received before you can be approved for this mission.

**ROANOKE OFFICE: (540) 977-3610
RALEIGH OFFICE: (540) 521-7083
info@rickvia.org
www.rickvia.org**