



## RPM Mission Application Form

### 1. General Information

Name

Date of Birth

Age

Gender

Phone

Cell Phone

E-mail Address

Confirm E-mail

Address

City

State

Zip Code

Country

Current Church

Allergies

Passport #

## 2. Spiritual Information

1. What is the name of your home church?

Address

Name of your pastor

Email Address

Phone

2. Have you participated in any Mission Trip?

a. When?

b. Where?

c. Name of group or church

3. What ministries are you involved with at your church?

4. Do you serve in any volunteer/leadership role in any ministry or outside the church? If yes, please explain

5. What do you think your gifts are?

6. Besides family members, please give two references who know you and your spiritual walk (name and phone#).

Name

Phone

Name

Phone

7. Describe how and when you came to know the Lord

8. Have you been water baptized?

If yes, where and when?

### **3. WORK EXPERIENCE/TALENTS:**

1. Please list any specific talents that you have (drama, singing, instruments, puppets, construction, medical, teaching, arts, sports, etc.).

2. If working, where are you employed?

Position?

How long?

3. Do you speak any foreign languages fluently?

4. What do you see as your strongest character quality and why?

5. What do you see as your weakest character quality and why?

## 4. HEALTH INFORMATION

1. Do you have or have you ever had:

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Fainting Spells      | <input type="checkbox"/> Heart Problems          | <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Eating Disorder      | <input type="checkbox"/> Respirator problems     | <input type="checkbox"/> Frequent and/ or severe headaches |                                    |
| <input type="checkbox"/> Nervous Breakdown    | <input type="checkbox"/> Mental Problems         | <input type="checkbox"/> Asthma                            | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Breathing Problems                |                                    |
| <input type="checkbox"/> Digestion Problems   | <input type="checkbox"/> Back or neck Problems   | Others   |                                    |

If yes, please explain and add what medications you  
Take:

2. Do you have any condition which might affect your ability to fully function as a missionary on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders)?

3. Do you have any chronic illnesses or allergies?

Explain

4. Are you presently under medication prescribed by a doctor?

5. Have you ever had any psychiatric care or treatment?

6. Does your health insurance cover you overseas?

7. How would you describe your health and fitness?

## 5. PERSONAL INFORMATION:

1. What are your personal expectations for your mission trip?

2. If you are in a dating/engaged relationship with someone, is this person applying to serve on the same mission team?

3. How does your family feel about you going on this trip?

4. Have you been involved with any of the following within the past year?

Alcohol?

Illegal Drugs

Tobacco?

A Cult or the Occult

Criminal Activity

5. Have you been convicted of committing a crime?

If yes, please explain:

6. What are the most significant events that have occurred in your life in the past two years?

**. EMERGENCY NUMBERS:**

Parent's Name

Address

Phone Number

Name

Relationship to you

Address

Phone #

Cell Phone #

Name

Relationship to you

Address

Phone#

Cell Phone #

## 9. Mission Volunteer Agreement

### Online Missionary Agreement

Understanding the mission of Relentless Pursuit Ministries (RPM) to reach the lost for Christ I commit to pursue the following:

**Pursuing God** · by submitting to the Lordship of Jesus Christ in my daily life and ministry; and by attending a local church to receive insight and encouragement and to serve others. My tithing to the local church is an act of worship.

**Pursuing Growth** · my spending daily time in the Word and prayer is a reflection of my ongoing relationship with God and how I seek to know Him deeper. I seek to praise and worship our Lord daily – God inhabits the praise of His people.

**Pursuing Evangelism** · by praying and asking God to provide opportunities for evangelism, in my daily life, as I serve Him. It is a command, from God, for me to act fully on the Great Commission (Matthew 28:18–20, Mark 16:15).

I certify that I have been honest in my answers concerning the conviction of any crimes. In the past year I have not used narcotics, hallucinogens, or drugs not prescribed by a physician, nor been involved in pornographic activity. Since becoming a faithful Christian, I have not been involved in any sexual activities outside of marriage.

It should be understood that *Relentless Pursuit Ministries* stands firmly that the Word of God is perfect and infallible and is the inspired, breathed Word, directly from God to the writers of the bible - and accepts those large areas of doctrinal teaching on which historically there has been general agreement among all Evangelical Christians. It is the desire of *Relentless Pursuit Ministries* to allow for freedom of conviction on other doctrinal matters provided that any interpretation is based upon the Bible. There are no additional requirements to eternal salvation other than repenting of your sins and placing your faith that Jesus Christ is your personal Lord and Savior.

*Relentless Pursuit Ministries* requires strict compliance with a good testimony that involves conduct, dress, and Christian lifestyle. General guidelines will be provided. Team members, leaders, and staff serve at their own risk, and RPM is not liable in the event of sickness, accident, death, or terrorist acts or for transportation and any other expense beyond normal involvement. We require all participants to be in good physical condition.

I have read and understand the above information. The information I have given RPM is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations listed above.

Signature of Applicant (Name) :

Date: