

I. APPLICATION for RHM MISSION TRIP

The mission of RHM is to cooperate with God and the local Church as He directs us in offering hope and a future to disabled children and adults in Constanta, Romania.
(Jeremiah 29:11)

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Please print and complete application and send to RHM,  
5910 Price Rd., Cincinnati, OH 45250 by March 1\_\_\_\_\_.

### A. IDENTIFYING INFORMATION

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ | \_\_\_\_\_
2. Male (\_\_\_) Female (\_\_\_) Age \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ E-mail \_\_\_\_\_
3. Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
E-mail \_\_\_\_\_ FAX \_\_\_\_\_
4. Please attach the following 4 items to this form:  
a. A recent photo.  
b. A copy of both sides of your insurance card.  
c. Two (2) copies of page 1 of your passport.  
d. A check for non-refundable \$200 application fee.

### B. EMERGENCY INFORMATION

1. Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(Other than parent)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ E-mail or FAX \_\_\_\_\_

### C. EDUCATION & WORK

1. What is your current year in school? \_\_\_\_\_
2. Do you play a musical instrument? If so, what? \_\_\_\_\_ Do you sing? \_\_\_\_\_
3. Do you expect to have a summer job? YES NO
4. If YES, will it hinder your attending 2 required spring weekend trainings? **Dates to be arranged.** YES NO

### D. SPIRITUAL & LEADERSHIP EXPERIENCE

1. Discuss your acceptance of Jesus Christ as your Savior. (Please type on a separate piece of paper.)
2. State any previous ministry experience. (Ex: Mission trips; Children's work; VBS, Camp counselor, etc.)
3. Church affiliation \_\_\_\_\_

## E. RHM STATEMENTS OF FAITH

We believe:

1. ...that both the Old and New Testaments of Holy Scripture to be the inspired, inerrant Word of God, the complete revelation of His will for the salvation of all mankind, and the Divine, final authority for all Christian faith and life.
2. ...in one God, Creator of all things, infinitely perfect and eternally existing in three persons: Father, Son and Holy Spirit.
3. ...that Jesus Christ is true God and true human, was conceived of the Holy Ghost, born of the Virgin Mary, died on the cross as sacrifice for our sins, according to the Scriptures. Further, He arose bodily from the dead, ascended into Heaven and now is our High Priest and Advocate.
4. ...that the ministry of the Holy Spirit is to glorify the Lord Jesus Christ, to convince mankind, regenerate believing sinners, indwell, guide, teach and empower believers for godly living and service.
5. ...that mankind was created in the image of God, fell into sin, therefore is lost, and only through regeneration by the Holy Spirit can salvation and spiritual life be obtained.
6. ...that the Holy Spirit glorifies the Lord, Jesus Christ, His resurrection provides the only way of salvation, all who believe, and receive Jesus are born of the Holy Spirit, and become children of God.
7. ...that the Lord's Supper and Water Baptism are ordinances to be observed by the Church during this present age. They are *not* to be regarded as *means* of salvation.
8. ...that the true Church is composed of those who, through saving faith in Jesus Christ, have been regenerated by the Holy Spirit and are united in the body of Christ, of which He is the Head.
9. ...in the personal, imminent coming of our Lord Jesus Christ, and that this "Blessed Hope" has a vital bearing on the personal life and service of the believer.
10. ...in the bodily resurrection of the dead, of the believer to joyful eternity with the Lord, and of the unbeliever to judgment and everlasting conscious punishment.

## F. TEAM EXPECTATIONS

1. To refrain from the use of tobacco in any form.
2. To refrain from the use of alcoholic beverages.
3. To refrain from the use of illegal, non-prescription drugs.
4. To practice purity in thought and word.
5. To practice purity in sexual behavior.
6. To get inoculations that are recommended by RHM and the Center of Disease Control.
7. To obtain a United States passport as soon as possible.
8. To promptly respond to adult leaders' instructions while in US, in transit, and in Romania.
9. To take responsibility for financial expenses of mission trip.
10. To attend the two springtime training seminars, (dates to be arranged) prior to trip.

I, \_\_\_\_\_, concur with the above statements and expectations.  
(Missioner' s Name)

## II. EMERGENCY MEDICAL FORM

### A. MEDICAL INFORMATION

1. Do you have any condition that might affect you during the trip? If yes, please explain.
  
2. List any long-term medication(s) you must take. (Get a fresh refill before leaving.)
3. List any allergies to food, medications, plants, animals, etc.
  
4. Is there any reason that your physical activity will need to be restricted?    Yes    No  
If yes, please explain.
  
5. Have you had any of the following? (Circle)  
Rheumatic Fever, Heart Disease, TB, Measles, Mumps, Whooping, Cough, Chicken Pox, Rubella, Convulsions, Scarlet Fever, Asthma, Hay Fever, Hives, Diabetes, Hernia, Ulcers, Hepatitis, Appendicitis, Hearing loss or chronic ear condition, Mononucleosis. Menstrual Irregularities, Other

### B. IMMUNIZATION INFORMATION: Please enter the date of last immunization.

|             |             |         |
|-------------|-------------|---------|
| Tetanus     | Diphtheria  | Polio   |
| Measles     | Mumps       | Rubella |
| Hepatitis A | Hepatitis B | Typhoid |

### C. MEDICATION POLICY

1. All medications must come in separate, original and labeled containers. They must not expire before the end of the trip.
2. You may not take any medications (prescription or over-the-counter) without written parental permission or authorization from adult leaders.
3. Prescription medications must be in your own name.
4. You must manage your medications. Exceptions are the following medications/ medical supplies that must be kept and managed by an adult chaperone. Do you use any of the following:

|                                           |     |    |                                                 |     |    |
|-------------------------------------------|-----|----|-------------------------------------------------|-----|----|
| Needles/syringes                          | YES | NO | Refrigerated medications                        | YES | NO |
| A controlled substance, Ritalin, narcotic | YES | NO | Large quantities of any prescription medication | YES | NO |

5. Pack medications in a carry-on bag. We suggest that you bring an additional prescription in the event the medication is lost or stolen.

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III. IMPORTANT AUTHORIZATIONS

FIVE (5) SIGNATURES REQUIRED

A. CONSENT for OVER-THE-COUNTER MEDICATIONS

I hereby authorize Jerry Skinner or his designate to administer the following over-the-counter medications according to package directions, as they deem appropriate.

Tylenol or equivalent Decongestant / antihistamine Cough Medicine Imodium or equivalent

Parent Signature _____ Date _____

B. SERIOUS ACCIDENT or ILLNESS

I understand that in case of serious accident or illness involving my child while he/she is in the custody of Romanian Handicapped Ministries' chaperones, every effort will be made to contact me. If a situation were to arise that requires emergency treatment and I cannot be reached, I hereby authorize Jerry Skinner or his designates to make provisions for treatment with the appropriate medical personnel or facility.

Parent Signature _____ Date _____

C. WAIVERS

I understand that Romanian Handicapped Ministries and its staff will not accept responsibility for the following:

- 1) Over-the-counter medications that are not provided by Jerry Skinner or his designates, nor any actions resulting from the use of such medications.
- 2) Actions of the student that are contrary to medical advice.

Parent Signature _____ Date _____

IV. PARENTAL PERMISSION to PARTICIPATE

My child, _____, has my permission to participate in the trip to Romania sponsored by Romanian Handicapped Ministries.

I give responsibility to the adult staff for the care and discipline of my child, and expect to be contacted if there are difficulties with behavior during this trip. Should it be necessary to send my child home, I agree to make such arrangements as are necessary, and to cover the cost for his/her transportation.

I am familiar with the details of this trip and have discussed them with my child.

I agree not to hold Romanian Handicapped Ministries or its sponsors responsible for any injuries.

Parent Signature _____ Date _____

V. FEES and DEADLINES

1. A non-refundable \$250 upon application.
2. The summer mission trip cost (including airfare, food, lodging, guide, taxes, and unexpected costs) is approximately \$2500 to \$3000. (This includes your non-refundable \$250.)
3. Half (50%) the balance is due April 1, with remaining 50% due May 15.
4. Trip Costs vary from year to year. They also tend to get more expensive. The trip can cost as much as \$3000 depending on airfares. As a result, Costs will be adjusted according to current yearly airfare.

**** ALL PAYMENTS MUST BE MADE BY DUE DATES TO BE INCLUDED ON THE TEAM.**