



## Youth Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F  
(As it appears on passport or ID)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone number (\_\_\_\_\_) \_\_\_\_\_ T-shirt size M L XL XXL

Email \_\_\_\_\_

1. When and under what circumstances did you accept Jesus Christ as your personal Savior?
2. How has the Lord worked in your life since you became a Christian?
3. Describe how your life demonstrates the Lordship of Jesus.
4. Do you practice a personal quiet time, or time alone with God, and if so, what is it like? If not, why not?
5. Define the word "servant" as you understand it in your Christian life.
6. What does the word "mission" or "missions" mean to you?

7. Describe your motivation for applying for this mission's trip?

8. What do you expect to gain from this experience if you go?

9. What do you believe is the purpose of this mission trip?

10. What are your spiritual gifts and how are you using them currently?

11. Do you speak, or have you studied Spanish, or any other language?

12. What gifts or talents or experiences do you have in the following areas?

\_\_\_\_\_ drama

\_\_\_\_\_ puppetry

\_\_\_\_\_ music

\_\_\_\_\_ construction

\_\_\_\_\_ painting

\_\_\_\_\_ musical instrument

\_\_\_\_\_ evangelism

\_\_\_\_\_ helping

\_\_\_\_\_ speaking (public)

\_\_\_\_\_ mime

\_\_\_\_\_ singing

\_\_\_\_\_ mechanics

\_\_\_\_\_ other \_\_\_\_\_

Describe your involvement in the above marked areas.

## The Emergency Information

In case of emergency, whom would we notify?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Alt Telephone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Alt Telephone \_\_\_\_\_

**MEDICAL INFORMATION** (Current recommended vaccination information for travel available at [www.cdc.gov](http://www.cdc.gov))

1. **Eyes:** Do you wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_
2. **Dates of last Immunizations:**

Last tetanus	_____
Hepatitis A	_____
Hepatitis B	_____
D/P/T	_____
Typhoid	_____
Rabies:	_____
Yellow fever:	_____
3. **Physical handicaps:** \_\_\_\_\_
4. **Allergies:**

Food	_____
Drug	_____
Other	_____

If so, do you carry prophylaxis treatment with you? \_\_\_\_\_
5. **What medication do you currently take?** \_\_\_\_\_  
\_\_\_\_\_
6. **Any previous surgeries?** \_\_\_\_\_ **Problems with anesthesia?** \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_
7. Do you now, or have you ever suffered from:

	<u>NOW</u>	<u>PREVIOUS</u>
Migraine headaches	_____	_____
Convulsions/Seizures	_____	_____
Eating Disorders	_____	_____
Heart Condition	_____	_____
Hypertension	_____	_____
Diabetes	_____	_____
Cancer	_____	_____

Please check with your medical insurance company if they cover you while out of the country. If not, and you would like information on travel medical insurance, you can call 1-800-284-8300 ([allianz-global-assistance.com](http://allianz-global-assistance.com)) If we book your flights, we will include insurance in the airfare costs.

**INSURANCE INFORMATION**

Name of policy holder \_\_\_\_\_ Birthdate \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

# Parental Permission

(This portion required for members under the age of 18 and it must be completed **within 30 days** of leaving the country and have both parents notarized signature).

\_\_\_\_\_ has our permission to participate in the  
(Student's Full Name as it appears on passport or ID)

**RBW Missions** trip on \_\_\_\_\_ to \_\_\_\_\_  
(Exact Date of Trip) (Location of Trip)

I, who by law may do so, authorize the administration of emergency medical treatment to s/he who is subject of this form. I understand all reasonable safety precautions will be taken at all times by RBW Missions and its agents for the safety of each team member. I will not hold RBW Missions or its agents responsible for injury, disease, or accident. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) below immediately.

Parent/Legal Guardian Signature \_\_\_\_\_  
(Both father & mother must sign)  
\_\_\_\_\_

**Notarized by:**

**Date:**

*Minors under 18 years traveling alone require a notarized letter of consent signed by both parents or legal guardian AND a valid, signed **U.S. Passport**. Minors traveling with one parent require a notarized letter of consent signed by non-traveling parent or legal guardian, AND a **U.S. Passport**. If parents of minor are divorced, a notarized copy of the court order showing custody arrangements must be presented upon entry. If one of the parents of the minor is deceased, a notarized copy of the death certificate is required. Special note: Homeland Security has determined that by Jan. 31, 2008 it is mandatory for US citizens returning from out of the country to carry a valid passport.*

*Please have a copy of this permission made for your minor child to keep with him/her.*

Send pages 1-3 along with \$100 non-refundable registration fee (which is part of the trip fee),  
to: **RBW Missions · 405 Robbins Ave SW · Willmar MN 56201-3557**  
**And save this page to be completed within 30 days of the date of departure.**