



## MISSION TRIP APPLICANT INFORMATION FORM

### INSTRUCTIONS:

1. Complete the application form.
2. Attach a recent **photo** and a copy of your **passport** to the Application Form.
3. Attach the required **deposit** to the application form, make checks payable to Red Rock World Missions.
4. Return your application to the office or by mail to:

**Red Rock World Missions**  
**911 North Buffalo Drive**  
**Suite 105**  
**Las Vegas, NV 89128**

**ACCEPTANCE:** Acceptance is based on attendance at team meetings and review of applications. Red Rock World Missions has the right to refuse acceptance of any team member and will discuss with you any reasons for that refusal. Deposits will be refunded to those who are not accepted to a team.

**RAISING SUPPORT:** As a short-term missionary, you may receive contributions through sponsors. Red Rock World Missions is a ministry of Calvary Red Rock a non-profit organization and due to IRS rules, contributions from sponsors are non-refundable to you or your sponsor.

### GENERAL INFORMATION: (please print)

Name (as printed on passport) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Date of birth \_\_\_\_\_ Male or Female Nickname \_\_\_\_\_

Status:  single  engaged  divorced  married - How long? \_\_\_\_\_ Spouse name: \_\_\_\_\_

Citizen of what country? \_\_\_\_\_ Do you have a valid passport? \_\_\_\_\_ Passport # \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**SPIRITUAL INFORMATION:**

1. What is the name of your home church? \_\_\_\_\_

2. Are you involved in ministries at your church? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. What do you think your spiritual gifts are? \_\_\_\_\_

6. Please name a pastor or leader at your church who could give you a reference: \_\_\_\_\_

7. Please list two references (name and phone#):

1. \_\_\_\_\_

2. \_\_\_\_\_

8. Please describe how and when you came to know the Lord: \_\_\_\_\_

9. Have you ever been water baptized? \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

10. Have you ever served on a mission trip, or had any cross-cultural experience? Yes No

Where and when? \_\_\_\_\_

11. Explain briefly why you want to participate in this mission \_\_\_\_\_

12. Do you speak any foreign languages fluently? \_\_\_\_\_

13. What do you see as your strongest character quality and why? \_\_\_\_\_

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14. What do you see as your weakest character quality and why? \_\_\_\_\_

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**HEALTH INFORMATION**

1. Please list any ongoing health problems: \_\_\_\_\_

2. Do you have any condition that may affect your function as a missionary on this trip (i.e. fear of flying, sleep disorders, anxiety, depression, etc.)? Please list \_\_\_\_\_

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3. Do you have any psychiatric history? \_\_\_\_\_

4. Please list any hospitalization in the last 2 years: \_\_\_\_\_

5. Does your health insurance cover you overseas? \_\_\_\_\_

6. Do you require any special diet? \_\_\_\_\_

7. Have you been involved with any of the following in the last year?

Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Illegal drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A cult or the occult	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

8. Are you presently under any medication prescribed by a doctor? If yes, please describe:

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9. Please describe any allergies.

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**PERSONAL INFORMATION**

1. What are your personal expectations for this trip? \_\_\_\_\_

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2. If you are in a dating relationship with someone, is this person applying to serve on this same mission team? \_\_\_\_\_ Name: \_\_\_\_\_

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Red Rock World Missions requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. Failure by team members, leaders, and staff to comply with these policies is grounds for dismissal, without refund or reimbursement. Team members, leaders, and staff serve at their own risk, and RRWM is not liable in the event of sickness, accident, death or terrorist acts or for transportation and other expense beyond normal involvement. **Application fees and all sponsor funds received by RRWM are contributions and are not refundable.** To receive a tax deduction, the IRS stipulates that the donor must release control of all funds donated to a non-profit organization; for this reason, contributions from sponsors cannot be refunded. We require all participants to be in good physical condition, and we may require a doctor's reference and exam.

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

Mission Travel Disclaimer

Since and while you are participating, and or applying to be on a Christian outreach, you are hereby agreeing and acknowledging that it is the sole and exclusive right of the Organizer(s) to determine whether participants will be able to conduct themselves in a proper fashion and within the proper context mission. The integrity of the mission and your involvement and continuation in it is at the discretion of the Organizer(s). Therefore, the organizer reserves the right to refuse the application of anyone it considers to be incompatible with these goals of the Organizer of the mission. By submitting your application to be on the mission, you are therefore consenting to this right and authority being vested with the Organizer(s) and also hereby consent to abide by the direction of the Organizer(s) in the operating and directing the mission during the full duration of the mission, and including, if deemed necessary, you therefore grant authority to the organizer(s) the right to terminate your involvement in mission. Should termination take place, the organizer(s) will not be held responsible to reimburse you for any costs resulting from your dismissal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent,  
if applicant is under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_

**Red Rock World Missions**

911 North Buffalo Drive  
Suite 105

Las Vegas, Nevada 89128

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