



Randolph World Ministries, Inc.

Medical - Economic - Spiritual

Providing Sustainable Ministry Services in the Spirit of the Gospels

TEAM APPLICATION

Date of Application: ___ / ___ / ____ Deadline 2 Months Prior to Trip

Length of Trip: ___ 1 Week ___ 2 Weeks ___ 3 Weeks ___ 4 Weeks ___ 5 Weeks

GENERAL INFORMATION:

Name (on passport): _____ Date of Birth: ___ / ___ / _____

Address: _____ SSN#: _____

_____ Passport #: _____ *

Cell Phone: (____) _____ Passport Exp: ___ / ___ / _____ *

Home Phone: (____) _____ E-mail: _____

Citizenship: _____ Gender: ___ Height: _____ Weight: _____

****Please include a photocopy of the information page of your passport and an electronic photograph.***

EMERGENCY CONTACT/INSURANCE BENEFICIARY:

Name: _____ Relationship to applicant: _____

Address: _____ Home Phone: (____) _____

_____ Cell Phone: (____) _____

CHURCH AFFILIATION:

Name of Church: _____ Denomination: _____

Address: _____ Pastor: _____

_____ Phone: (____) _____

Randolph World Ministries, Inc. is a Christian organization but does not discriminate based on faith tradition or give priority based on religious affiliation.



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MISSION EXPERIENCE:

Have you ever been on a mission trip? _____ if so, How many? _____

Please list most recent trip(s)

Destination: _____ Length of stay: _____

Organization: _____ Purpose: _____

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Organization: _____ Purpose: _____

List any languages you speak other than English:

_____ [] fluent [] conversational [] currently learning

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SKILLS (complete all that apply):

Medical Professional Participants:

What is your medical professional degree? _____

Do you currently practice? _____ Institution? _____

List other medical skills: _____

Student Participants:

What is your current major? _____ Years completed? _____

What is your desired medical profession? _____

Any completed degrees? _____ if so, what? _____

List any medical skills or experience: _____

Non- Medical Participants:

What is your occupation (if retired, former)? _____

Describe your educational background? _____

What skills would you bring to the mission field? _____



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MEDICAL INFORMATION:

In general, would you say your health is excellent good fair poor

Please list any prescription medications _____

Please list any allergies (especially food) _____

Check all immunizations you've received in the last 10 years

1. Recommended Immunizations/Medications

Tetanus booster

Hepatitis A

Hepatitis B

Typhoid

Malaria Prophylaxis

2. Other Immunizations

Polio booster

Yellow Fever

other _____

Physician's Information:

Name: _____ Group Practice: _____

Address: _____ Day phone: (____) _____

_____ Evening phone: (____) _____

I, the below signed, hereby accept all responsibility for any injuries or illness acquired while traveling abroad with Randolph World Ministries, Inc. I will absorb all medical costs pertaining to my travel including but not limited to immunizations prior to traveling, medications taken prior to or while traveling and any medical expenses upon my return. I recognize my application fee covers travel, health insurance, and emergency evacuation insurance.

Signature: _____ Date: _____



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OTHER INFORMATION:

Briefly describe your conversion experience:

There are certain expectations of each member of a Randolph World Ministries, Inc. team. Please acknowledge acceptance of the following items by checking the corresponding box.

- I will attend all devotion and worship experiences as a member of the team
- I will submit to the authority of my team leader
- I recognize that schedules and plans in Haiti are subject to change
- I will not make or alter plans without the consent of the team leader
- I acknowledge the likelihood of minor gastrointestinal discomfort
- I will be sensitive to differences among team members
- I will respect the sacrifices made by our hosts and honor their wishes
- I will accept modest accommodations with gratitude
- I recognize that Haiti has a hot and humid climate with limited relief
- I recognize the likelihood of co-habitation with insects, rodents and pests
- I understand that A/C, electricity, hot water, and toilets are luxuries
- My attitude will reflect a spirit of service and humility
- Above all else, I will respect the Haitian people and culture

Given this information, I do hereby agree to concede to Randolph World Ministries, Inc. protocol, policies, and leadership. The information contained on this form is correct to the best of my knowledge.

Signature _____ Date _____

Email application to: Tim R. Randolph at tim.randolph@health.slu.edu or mail with check to:

Tim R. Randolph
5025 Romaine Spring Dr.
Fenton, MO 63026