

Applicant's Name: _____

T-Shirt Size: _____



Short-Term Mission Packet

RU4 Inc.
P.O. Box 7432
Chestnut Mountain, GA 30502

www.ru4people.com

Our Belief and Purpose

Our number one priority as believers is to bring GOD glory through our redeemed life—our desire is to obey Christ’s command to make disciples of all nations (all peoples). We believe God has uniquely gifted every believer to serve Him and every Christ follower has an important part in making disciples. We invite you to help us “Declare His glory among the nations, His marvelous deeds among people.” (1 Chronicles 16:24)

Reaching the Unreached 4 ways:

Church Mobilization

(short-term mission trips)

Humanitarian Aid

(medical services, food distribution, water projects)

BSI

(Bible Skills Institute trains native believers to reproduce healthy churches)

Micro Finance

(train and resource native believers to start and run business for the Glory of God)

Application Checklist

NOTE: Submit the following materials to RU4 Inc. These materials can be submitted to the office weekdays (during business hours), and/or through your team leader. All materials should be submitted with your application. Your application will not be considered complete until all of these materials are turned into the RU4 office.

- Completed Application—including all required signatures,
**** **Notarized where necessary. (Pages 8, 9, & 11)******
 - \$200 deposit
 - Actual passport (not just a copy)
 - 2 passport-sized photos

****TEAR OFF PAGES 13, 14, & 15 TO KEEP FOR YOUR SUPPORT RAISING****

Thank you for taking the first step of completing an application to be a part of a short-term mission team! We are excited to have you join us in this mission. As you are completing this application, please do not hesitate to contact our office if you have any questions.

NOTE: Every applicant who is applying to go on the trip MUST complete an application and must complete ALL sections of the application INDIVIDUALLY. This includes spouses and children ages 12 and older.

NAME: LAST	FIRST	M.I	(PREFERRED)
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ADDRESS	CITY	STATE	ZIP
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D.O.B.	HOME PHONE	WORK PHONE	CELL
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- MALE
- FEMALE
- MARITAL STATUS: Single Married Divorced Separated Widow/Widower

NAME OF SPOUSE: _____

YOUR E-MAIL ADDRESS	EMPLOYER	OCCUPATION
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DO YOU HAVE A PASSPORT?	IF YES: NAME EXACTLY AS IT APPEARS ON PASSPORT	PASSPORT #
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ISSUE/EXP. DATE	ISSUING AGENCY	IF NO: IS IT BEING PROCESSED?	DATE SENT
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EMERGENCY CONTACT NAME	PHONE NUMBER	RELATION TO YOU
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ARE YOU A CHURCH MEMBER?	WHERE	PASTOR	CHURCH PHONE
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Personal Testimony

Write out the Gospel in your own words:

Write out your salvation story, including when you were baptized:

Involvement

How are you currently growing in your relationship with Christ?

List your spiritual gifts. Also, list any other skills and/or talents (i.e. preaching, teaching, singing, carpentry, musical instruments, medical experience, work with children/elderly, etc...)

List any specialized training in any area of ministry (i.e. evangelism, leadership, missions, education, music, etc...)

List any cross-cultural experiences you have had (local and/or international)

How are you currently sharing your faith? Please give a recent example of sharing your faith.

References

Please provide two references. One reference should be a church staff member. The other should be someone who knows your ministry abilities as well as your strengths and weaknesses.

NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____

PHONE NUMBERS: HOME _____

 WORK _____

 CELL _____

EMAIL: _____

BEST WAY TO CONTACT THIS REFERENCE? _____

NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____

PHONE NUMBERS: HOME : _____

 WORK : _____

 CELL : _____

EMAIL: _____

BEST WAY TO CONTACT THIS REFERENCE? _____

Applicant Information

NOTE: The information disclosed below will be read and held with confidentiality by RU4 Inc.

Answering “yes” to the following questions does not necessarily disqualify you from joining a short-term team. However, in order to uphold the integrity of the individual, other team members, and for the sake of our church and the Gospel, we ask that you carefully consider the questions below.

1. Excluding minor traffic violations, have you ever been convicted of any violation of any law or ordinance? (*If yes, please clarify)
2. Have you ever been arrested or criminally convicted for either physical or sexual abuse of a child? (*If yes, please clarify)
3. Do you have any physical impairment that prevents you from physical work? (*If yes, please clarify)
4. Have you been under the care of a counselor or licensed mental health professional over the past 12 months? (*If yes, please clarify)
5. Do you have any medical issues that RU4 should be aware of? (*If yes, please clarify)
6. Is there anything about your lifestyle that would potentially bring reproach on yourself, your family, RU4 Inc., or the name of Jesus Christ? (*If yes, please clarify)

This section is for ALL applicants

In submitting this application:

- I am expressing my agreement with RU4 Inc.'s vision, beliefs, and strategy.
- I am willing to work under the direction of RU4 Inc., as well as my team leader to accept and to perform any and all assignments with a God-honoring attitude.
- I am willing to conform to the standards of the national Christians we will be serving, even if those standards are stricter than my own.
- I agree to be subject to a background check.
- I am confirming that I have the time and energy to devote to the pre, mid, and post-trip responsibilities.
- I agree to participate in the training arranged by RU4 and/or the team leader and complete all requirements for the trip.
- I agree to return home at my own expense if the team leader, in conjunction with RU4, determines my behavior is/has been inappropriate and therefore jeopardizing the long-term ministry.
- I acknowledge that RU4 will not be responsible for extra trip expenses (i.e. airline tickets, airport meals, hotel, etc...). Should these occur, they will be passed along to the traveler.
- I understand that my involvement on this trip can be denied prior to travel if I do not participate in the full preparation of the trip.

Applicant Signature

Date

****MINOR APPLICANTS ONLY** This section is to be completed by a parent/guardian
AFFIDAVIT FORM**

I hereby give my son/daughter permission to travel to and from _____ with _____ and its representatives. I also authorize _____ and it's representatives to initiate any medically necessary care for my son/daughter's behalf in the event my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical and/or insurance related information pertinent to the circumstances.

Applicant Signature: _____

Parent/Guardian Signature: _____

And dated this _____ day of _____, 20____

The following is to be completed by the Notary Public witnessing the individual(s) signature(s).

The State of _____ the County of _____. Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me by the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, 20_____.

_____ My commission expires: _____

This section is for ALL applicants

RELEASE OF LIABILITY

Name of Sponsoring Organization: RU4 Inc.

Address: P.O. Box 7432 Chestnut Mt., GA 30502

Phone: 678-520-6910

Name of Team Leader: _____

Phone: _____

Description of Activity: _____

Date(s) and Location(s) of Activity: _____

In signing this form, I, _____, agree not to hold RU4 Inc., its affiliated officers, employees, or any other associated agents liable for any injury, loss, damage, or accident that I might encounter while on a short-term missions event/effort.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risk that might result from my participation in a short-term missions project, and I unconditionally agree to hold RU4 Inc., its affiliated officers, employees, or any other associated agents blameless for any liability concerning my personal health and wellbeing, or any liability for my personal property that might be lost, damaged, or stolen while participating in a short-term missions project.

Applicant Signature: _____

Parent/Guardian Signature: _____

(if applicant is 18 years of age or younger)

And dated this _____ day of _____, 20_____

The following is to be completed by the Notary Public witnessing the individual(s) signature(s).

The State of _____ the County of _____. Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me by the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, 20_____.

_____ My commission expires: _____

Team information:

Team leader: _____
Trip location: _____ Trip Dates: _____

Personal Information:

Full Name: _____ Gender: _____
Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian (if age 18 or younger):

Emergency Contact Information:

Please provide the name and contact information of two individuals not traveling with your team who may be contacted in the event of an emergency.

Name: _____
Relation to you: _____
Phone: _____ Alternate Phone: _____
Name: _____
Relation to you: _____
Phone: _____ Alternate Phone: _____

Insurance Information:

Insurance Company: _____
Policy Holder: _____ Relationship to Applicant: _____
Policy #: _____ Group #: _____
Ins. Co. Claims Address: _____
Phone Number: _____

Applicant Medical Information:

Primary Care Physician: _____
Physician Address: _____
Phone Number: _____

How would you describe your present health? Excellent Fair Poor

Do you have any allergies? (including medicines, foods, latex gloves, etc...)

_____ Yes _____ No

If Yes, please explain:

Medical Information

List any specific medical conditions requiring medical treatment and/or medications:

List any physical challenges you may face on this trip:

List ALL medications taken on a regular basis:

Have you had contact with contagious or infectious diseases within the last four weeks?

_____ Yes _____ No

If yes, please explain:

Do you have any dietary restrictions? _____ Yes _____ No

If yes, please explain:

What type of plain medication may be given to you if necessary?

Emergency Authorization:

I hereby give permission to medical personnel selected by my team leader and/or his/her designee (hereafter the 'Authorized Agents') to order x-rays, routine tests, and any treatment deemed medically necessary for me. In the event of an emergency and neither my primary nor secondary emergency contact can be reached, I hereby give permission to the physician selected by the Authorized Agents to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or surgery for me. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release RU4 Inc., its employees or agents, and in country contacts from liability associated with participation on this mission project.

I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury. I understand that there are risks involved in participating in this or any other missions project.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The following is to be completed by the Notary Public witnessing the individual(s) signature(s).

The State of _____ the County of _____. Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me by the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, 20_____.

_____ My commission expires: _____

Financial Policies

It is the desire of the RU4 Inc. to be good stewards of the finances with which we have been entrusted. These policies were developed with that desire in mind RU4 Inc. encourages all participants to review and adhere to all the following policies.

Payment Options:

1. All checks should be made payable to "RU4 Inc." Only list "Missions" in the memo ("For") line of the check (do not list applicant's name on the check). All donations are tax-deductible.
2. Attach a note to the check stating the applicant's name for which the check was written. Attach a similar note to any cash donations.
3. Participants may mail personal checks/cash to: RU4 Inc., ATTN: Financial Office, P.O. Box 7432, Chestnut Mt., GA 30502
4. Supporters of applicants should mail/deliver any checks/cash to the applicant. The applicant should then send support payments to the name/address listed above.

Deposits/Expenses/Refunds Policy

INITIAL:

1. I understand all deposits are non-refundable and non-transferable. _____
2. I understand that I am responsible for raising funds for the full amount of the trip. _____
3. I agree to meet all team payment deadlines as assigned by the team leader. _____
4. I understand that NO reimbursements for passport fees/immunization costs/supplies/etc. can be given without a receipt.

5. I understand NO reimbursements will be paid unless there are adequate funds in the participant's trip account. _____
6. I understand any changes in expenses must be communicated to the RU4 Inc. and/or team leader immediately. The cost of the trip will be adjusted accordingly if necessary. _____
7. I understand any additional expenses incurring while on the trip will not be covered by RU4 Inc. All Participants are required to take an additional \$200 in cash and a valid ATM card/credit card for emergency purposes. _____
8. I understand that any fundraising amount received in excess of the cost of the trip will be used for other trip expenses (i.e. meds for medical trips, Bibles, etc...) and/or transferred to the Missions Offering Account. NO REFUNDS WILL BE GIVEN.

9. I understand if the participant cancels for any reason after airline tickets have been purchased, an airline voucher will be issued in the participant's name rather than a cash reimbursement for the ticket price. This voucher will be valid for 12 months following the issue date. _____

Changes and cancellations

INITIAL:

1. I understand payments for expenses that have already been paid are non-refundable and non-transferable between trips.

2. I understand all donations given toward a missions project are non-refundable, even in the event of participant cancellation. I understand this applies if the participant cancels for ANY reason. _____
3. I understand all donations given toward a missions project are non-refundable, even in the event of cancellation of a mission project by RU4 Inc. and/or team leader. In this case, the trip will be rescheduled for a later date and funds in the participant's account will be applied at that time. _____
4. I understand that the cost of my trip includes expenses for my team leader. _____
5. I acknowledge and agree that a portion of my trip expenses may be used toward scholarships for support staff. Examples: evangelists, doctors, nurses, travel guides, administrative assistants, etc... All scholarships are decided and distributed by RU4 Inc. _____

Any other important financial information pertaining to this specific missions project:

I certify that I have read and initial each of the financial policies listed above. Furthermore, I certify that I understand each policy and plan to adhere to these policies for this missions project.

Applicant Signature: _____ **Date:** _____

Parent/Guardian (if applicant is 18 years of age or younger): _____

Short-Term Missions Support – Team Building Approach

Building a Support Team:

Each individual team member will be responsible for developing his or her own support team. The support team consists of:

- Prayer Supporters
- Encouragers
- Financial Contributors

Even if you are able to completely fund the trip yourself, you should still consider getting other believers involved with your trip preparation. The concept is to develop a team, not just raise funds. The idea of the team is to involve as many people in the mission experience as possible. You should seek people that you want on your team, not just those who you think will give financially. The most important need for the team member is prayer—before, during, and after the project. Remember, if the prayer support is in place, everything else will fall into place also.

Raising Funds:

If an individual cannot pay for his or her trip, the most effective and proven method to raise funds is to write a letter for distribution among family, friends, and co-workers. People are usually happy to invest in someone they know personally, especially if they are unable to physically travel on the trip themselves. This is their way of “traveling” with the team member.

Write the Support Team Letter:

Three types of letters:

- Letter for Prayer (if you are paying the entire cost of the trip yourself)
- Letter for Prayer and Financial Support
- Letter for Project Support (i.e. donations of Bibles, medicines, supplies, etc...)

Consider including the following information in/with your letter:

- Information about the country you are traveling to
- Description of what the team will be doing
- Dates and cost of the trip
- Why you want to be involved with this trip
- How the reader of the letter can be involved with this trip
- Pictures of a previous trip if this is not your first trip
- Keep the letter brief
- Don't forget to include
 - o Policy Slip with instructions for donations for the trip
 - o Ask the reader to send all donations to you
 - o Date you need the money
 - o Include a response card and ask the reader to complete it and send it back to you
 - o Consider including a self-addressed, stamped envelope so the reader can easily send donations back to you

****SAMPLE****

Support Letter

Your Name
1234 Your Street Name
Your Town, Georgia 12345
(770) 123-4567

Dear Friends and Family,

I am writing to let you know that God has called me to return to Moldova this June. I would first like to thank you for the past prayers and support that you gave me and my wife. With God's calling and your support, this will be my third trip.

Last year in Moldova, over 800 people accepted Jesus Christ as their personal savior. This was a direct result of your prayers, financial support, and God's loving grace.

We were also able to share words of encouragement and proclaim the Gospel to the men, women, and children of the soup kitchen as well as the students in the schools.

This year we plan to share the Gospel in several ways. For the children, there will be Bible Schools. For the adults, we will preach salvation in nightly services. We will visit the hospitals to pray and encourage the sick. Also, we plan to teach effective witnessing to the saved.

I am now asking for your help. I feel that God has called me to return to Moldova. You can help the mission team by praying. Prayer is the first and foremost weapon that we have. Of course, any financial assistance you could provide would be greatly appreciated. The cost of this trip is \$1,400. If you would like to help with a financial blessing, please make your tax-deductible check to: RU4 Inc. and list "Missions" in the memo line. May God bless you in all that you do.

In Christ Service,

Your name and signature

****ADD A PICTURE & A QR CODE HERE****

****SAMPLE****

Policy Slip and Response Card

All donations to RU4 Inc. or any other supporting churches are non-refundable. To be tax-deductible, consider the following regarding your donation:

- Attach a note to the donation stating the name of the participant for which the donation is given.
- Send all donations to the participant. The participant is responsible for delivering donations to the RU4 Inc. office.

Response Card

Name: _____

Email: _____

Yes, I would like to be a part of this Missions Project through RU4 Inc.

_____ I commit to support this project through prayer.

_____ I commit to support this project through prayer and a financial donation.

Please return this card to me.
Thank you for your financial Support