

**REFUGE CHRISTIAN MINISTRIES INTERNATIONAL, INC.**  
**RE-APPLICATION FOR PREVIOUS RCMI SHORT TERM TEAM MEMBERS**

**Personal Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_

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

H Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M\_\_\_ F\_\_\_ Marital Status: Married\_\_\_ (Spouse's Name: \_\_\_\_\_) Single\_\_\_ Divorced\_\_\_

Passport Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Insurance? Yes\_\_\_ No\_\_\_ Does your insurance cover you overseas? Yes\_\_\_ No\_\_\_

You will not be able to attend the trip without international insurance coverage. We use a company that specializes in this insurance.

Describe any medical conditions we should know about (ie: allergies, heart, diabetes, etc.): \_\_\_\_\_

List any medications you will be taking: \_\_\_\_\_

**Participation Agreement**

Event Description: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to release, discharge, and hold harmless, Refuge Christian Ministries International, Inc., its employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated leadership for this short-term project. Further, I agree to hold harmless and to indemnify Refuge Christian Ministries International, Inc. as a result of my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 19, have your parents approved your participation? Y N

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_