

General Information

Desired trip dates: _____ Customized dates: _____

Name (print as stated on passport): _____

Address (street/city/st/zip): _____

Tel: _____ Email: _____

Date of Birth (mm/dd/yy): _____ Place of Birth: _____

Country of Citizenship, if not USA: _____

Passport #: _____ Country of Issue: _____

Passport Expiration Date: _____ Visa Expiration Date (if applicable) _____

Church Affiliation: _____ Pastor/Leader: _____

Address (street/city/st/zip): _____

Tel: _____ Email: _____

Flight and Travel Insurance Information

Book my flights through ROTOM (approximately \$1,400–\$1,800 round trip)

I will use miles or simply want to purchase my own flights, please do not book a ticket for me!

Departure airport: _____ Return airport: _____

Special notes on itinerary, seat or food preferences: _____

Purchase travel insurance through ROTOM (included in trip cost)

I will purchase my own travel insurance

Spoken Languages

- Primary: **English** Beginner Advanced Conversational Fluent Native
- Other: _____ Beginner Advanced Conversational Fluent Native
- Other: _____ Beginner Advanced Conversational Fluent Native
- Other: _____ Beginner Advanced Conversational Fluent Native

Have you traveled internationally? Yes No

If yes, please fill out the following information

Where? _____ When? _____ Purpose? _____

Please share why you would like to go on this Journey for CHANGE trip.

Serving Opportunities

Please mark which area you would enjoy serving if opportunities arise.

- Leading devotions Leading worship Leading games Preaching Evangelism
- Administration Building/Construction Business Medical Elderly care
- Work with children/youth Coordinating luggage and team gifts Photography/Video
- Offering staff training/development (indicate which area _____)
- Journaling and coordinating update emails to family and prayer partners
- Other: _____

Senior Friends

If possible I would like to visit the following seniors (list senior name and ID):

Please note that UG 001 seniors can only be visited if you stay longer than 7 days and your visit includes a trip to Kabale/Muhanga!

TRIP/TEAM

Are you able to attend team meetings and trainings? Yes No

Do you have access to the Internet? Yes No

When is the best time for you to schedule team meetings (by conference call or in person if traveling with your church)? Mornings Afternoons Evenings

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

To complete your application, please include the following:

- Signed application form (plus minor permission form if applicable)
- Signed Liability and Media Release Form
- Medical/Emergency Form
- Photocopy of your passport
- \$100 non-refundable application fee (counts toward your trip cost)

I understand that the process for acceptance may include a personal interview by phone or in person. I agree to make myself available for all training sessions whether they are in person or over the phone.

I understand that I may be asked to submit to a \$20 background screening as part of the application process. I agree to pay for the background screening if applicable.

I agree to prepare myself spiritually, and recognize I am responsible for raising all required funds.

I agree to conduct myself at all times in a manner, which honors Jesus Christ and is in agreement with ROTOM's Statement of Faith.

I have read, fully understand, agree to and accept all of the terms and conditions listed above. By signing below, I represent that I am at least eighteen (18) years of age or older, or my parent/legal guardian will sign also, accepting the above conditions on my behalf. My signature signifies that the provided information is accurate and true to the best of my knowledge. By signing this application form I make a commitment, if accepted, to serve the team and the objectives of this Journey for *CHANGE!* trip with ROTOM.

Applicant's Signature

Applicant's Name (Print)

Date

I certify I am the parent or legal guardian of the above-mentioned applicant who is under 18 years of age. I have read, fully understand, agree to and accept all of the terms and conditions listed above.

Parent/Guardian's Signature

Parent/Guardian's Name (Print)

Date