

# Interaction - RMH Application Form

1. Rank and branch of military

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2. Full name (Family name first)

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3. Mailing address

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4. Home address (If different)

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5. Telephone numbers:

Home: _____	Work: _____
E Mail: _____	Fax: _____
Skype: _____	Viber: _____

6. Date of birth (in this format Month/ Day/ Year): \_\_\_\_\_

7. Place of birth: \_\_\_\_\_

8. Passport number: \_\_\_\_\_

9. Expiration date: \_\_\_\_\_

10. Name, address, phone number(s) and relation of a person to contact in case of an emergency.

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11. Information for medical care:

Blood type: _____	Medicines: (Prescriptions) _____
Allergies: _____	Medical problems: _____

12. Tell us about your present role in your country's MCF Ministry and how your participation in Interaction will help your MCF.

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13. How and when did you become a Christian?

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14. How has being a Christian affected your military career?

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15. Concerning travel and program, please check all that apply:

- I will arrange and pay for my travel
- I will arrange and pay for the cost of the program
- I will raise \$\_\_\_\_\_ US Dollars and request help from ACCTS for the rest.

16. I understand that I am responsible for a \$100 Registration Fee do with this application.

(Please note that the registration fee is nonrefundable after April 1, 2016 but it will be applied toward the cost of the program)

17. I understand that some of the activities during this program are strenuous and complicated and require good physical conditioning and a good command of the English Language.

18. I have read and understood the attached documents.

19. I understand the activities during this program will require the proper gear to fully enjoy the experience. I have reviewed the packing list.

20. I have read, understood and signed the release form.

21. I understand that ACCTS will provide Health Insurance for the duration of the program but dental insurance is not included.

22. I voluntarily waive, release and discharge ACCTS and its staff from any and all liability, claims, demands, or causes of action which are in any way, directly or indirectly, related to arise from, or are in any way connected with my participation in any Interaction - RMH activity.

(Signature)

(Date)

**Note:**

Please include with this form your registration fee and a copy of your passport, visa, a picture, biography, testimony, and release form.

Please send them to:  
Emanuela Kalemi Haien  
PO Box 27239,  
Denver, CO 80227 USA  
Fax: (303) 986-4710  
E-mail: [webmaster@accts.org](mailto:webmaster@accts.org)

**Do not fill anything beyond this point. For office use only.**

<input type="checkbox"/> Passport	<input type="checkbox"/> Release Form	<input type="checkbox"/> Tickets
<input type="checkbox"/> Visa	<input type="checkbox"/> Biography	<input type="checkbox"/> RMH Schedule
<input type="checkbox"/> RMH Reservation	<input type="checkbox"/> Testimony	<input type="checkbox"/> Interaction Schedule
<input type="checkbox"/> Picture	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Host Family