

Through the Roof Ministries



REGISTRANT INFORMATION

Outreach cost including airfare ~ \$1,400 – 1, 800 Due in advance

First Name:		Middle Name:
Last Name:		
Email Address:		
Birthday:		Gender:
Title:		
Mailing Address:		
City:		
State/Province:		Zip/Postal Code:
Country:		
Home Phone:		
Work Phone:		
Mobile Phone:		
<i>Please provide the names of two people who we may contact in case of an emergency (name, city, state, telephone) on the back of this page.</i>		
Give us your full name as it appears on your passport:		
Church or place of worship where you attend:		
How would you describe your walk with the Lord?		

Self Assessment:	
How would you assess your adaptability?	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
Assess your dependability:	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
Assess your maturity:	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
Assess your spiritual maturity:	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
Assess your willingness to respond to	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
Assess your willingness to be a team player:	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
How often are you critical?	<input type="checkbox"/> Often
	<input type="checkbox"/> Sometimes
	<input type="checkbox"/> Rarely
	<input type="checkbox"/> Never
How often are you argumentative?	<input type="checkbox"/> Often
	<input type="checkbox"/> Sometimes
	<input type="checkbox"/> Rarely
	<input type="checkbox"/> Never

How often are you domineering?	<input type="checkbox"/> Often
	<input type="checkbox"/> Sometimes
	<input type="checkbox"/> Rarely
	<input type="checkbox"/> Never
How would you describe your physical stamina & endurance?	
How would you describe your emotional stamina?	
Have you experienced any type of depression? If so, please describe:	
Doctor's contact information (Name, address, telephone & fax numbers):	
List all food, medication & environmental allergies:	
List any current medications you are taking:	
What happens if you do not take your medication?	
Do you have any physical, mental and/or emotional limitations? (Please specify condition(s) and if they exist currently or when they were last experienced):	
Do you have a disability? If so, please describe:	
Do you need assistance or an attendant? If so, please explain:	
Tell us about your degree of mobility (i.e.: ambulatory, can walk short distances, use a wheelchair at all times/sometimes, can transfer self/with assistance, etc.):	
How did you hear and come to apply for Through the Roof International Mission Outreach?	

Do you have any intercultural or mission experience?	
Do you speak any language(s) other than English?	
Tell us what role(s) you desire to serve in and feel that you are qualified for? (For detailed descriptions, please refer to our Missions web page):	Administrative Support
	<input type="checkbox"/> General Support
	<input type="checkbox"/> Translator
	<input type="checkbox"/> Speaker/Teacher
	<input type="checkbox"/> Speaker/Teacher Assistant
	<input type="checkbox"/> Photographer
	<input type="checkbox"/> Construction
DATES AND COUNTRY YOU ARE APPLYING FOR? MONTH/YEAR _____ COUNTRY _____	

THANK YOU
 Complete and mail with \$100 non-refundable deposit (made payable to Through the Roof) to:
 Margaret Matasic
 Through the Roof Ministries
 P.O. Box 3333
 Akron, OH 44309

Disclaimer
<input type="checkbox"/> All Applicants must be of the Christian faith
<input type="checkbox"/> I understand that I will be required to provide 3 references and that one must be Pastoral as part of my application completion.
<input type="checkbox"/> I understand the registration for this outreach is not complete or final until all required funds, forms, materials, references, and complete background check are completed.
<input type="checkbox"/> I agree to submit to a full and complete background check as part of the application process, which includes a small fee which I shall incur.

Through the Roof Ministries PO Box 3333 Akron, Ohio 44309

Phone: 330 315-5522

www.throughtheroofministries.org

Email: m.matasic@the-chapel.org or ttrm1@neo.rr.com

References:

List the name address and phone of 3 references that we may contact and/or send a reference form to:

1)

2)

3)

4)