

**2025 RMMN Mission Trip Application**  
**El Salvador**  
(July 11-18, 2025)

Dear Applicant,

Thank you so much for your response and interest in our 2025 Mission trip to El Salvador. We are excited about the opportunity to minister with our missionaries Don and Terri Triplett at King's Castle. We will have multiple ministry opportunities while there including street evangelism (dance and drama), compassion ministry (distribution of food), construction (working on church plant buildings) among others.

The trip cost will be \$1650. This includes airfare, hotel for one night in Denver, food, lodging and transportation while there, travel insurance and a fun tourist day! **All participants will be required to arrive in Denver on Thursday July 10th by 5pm** for a mandatory team orientation meeting. We will fly to San Salvador together on Friday July 11th. We will arrive back in Denver on the 18th. If you are attending the trip with your youth group, you must be 14 by the date of the trip. If you are attending without a youth group you must be 16 by July 10, 2025.

The full cost of the trip is due May 15, 2025.

**For you to be considered for the team, we must receive all three by**  
**November 15, 2024:**

1. Completed Trip Application (pg. 1 & 2) and copy of passport picture page
2. A \$150 Application Deposit check (to be cashed when you are accepted or returned if not)
3. Your Pastor's completed Pastor Recommendation Form

Applicants will be notified of acceptance by November 30, 2024.

Amanda Robinson  
RMMN Missions Trip Coordinator  
Phone: 970-739-6039 or Email: [cmdmissionstrips@rmdc.org](mailto:cmdmissionstrips@rmdc.org)

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**Payment Schedule**

**All funds are due as follows:**

\$150.00 trip deposit due with Application by November 15, 2024 (to be cashed only upon your acceptance to the team.) The due dates are set up in installments for your convenience and need to be adhered to.

The balance is due in 6 installments:

Payment 1: \$250 due by December 15, 2024	Payment 4: \$250 due by March 15, 2025
Payment 2: \$250 due by January 15, 2025	Payment 5: \$250 due by April 15, 2025
Payment 3: \$250 due by February 15, 2025	Payment 6: \$250 due by May 15, 2025

**Mail application and all payments to:**  
**Rocky Mountain District Attn: CMD Department,**  
**6295 Lehman Dr. Suite 202 Colorado Springs, CO 80918**

**PLEASE KEEP THIS PAGE FOR YOUR FUTURE REFERENCE**

**PLEASE RETURN THIS PAGE WITH YOUR APPLICATION**

**Mission Trip Application - Page 1**  
**King's Castle, El Salvador**  
(July 11-18, 2025)

**Full Name** (exactly as it appears on your passport):

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**Mailing Address** (include city, state, zip code):

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**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Passport Exp. Date:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION:**

Have you ever been convicted of a felony or any other crime, other than traffic violations?

Yes \_\_\_ No \_\_\_

If yes, please explain

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Have you ever been convicted of a drug related charge or had charges reduced in a plea

bargain? Yes \_\_\_ No \_\_\_

If yes, please explain

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**\*\*Please note:** This is a no drugs, alcohol or tobacco mission trip – none will be allowed.\*\*

Why would you like to be a part of this mission trip, and what area of ministry do you feel you would be most effective in? (You may use additional paper.)

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**PLEASE RETURN THIS PAGE WITH YOUR APPLICATION**

**Mission Trip Application - Page 2**  
**King's Castle, El Salvador**  
(July 11-18, 2025)

Does your church have a current background check on file for you? Yes, \_\_\_ No \_\_\_

Please initial and sign below:

\_\_\_ I understand my trip Cost is \$1650.00

\_\_\_ I am enclosing a \$150.00 Deposit Check with this application to be cashed upon my acceptance (otherwise, my check will be returned.)

\_\_\_ I have included a copy of my Passport Picture page.

\_\_\_ I understand and will pay the balance I owe as follows:

1st payment \$250.00 -- due 12/15/2024	4th payment \$250.00 -- due 3/15/ 2025
2nd payment \$250.00 -- due 1/15/ 2025	5th payment \$250.00 -- due 4/15/ 2025
3rd payment \$250.00 -- due 2/15/ 2025	6th payment \$250.00 -- due 5/15/ 2025

\_\_\_ I understand I must provide my own transportation to and from Denver to attend the trip.

\_\_\_ I will attend the mandatory team orientation meeting in Denver on July 10, 2025.

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

Your completed application must be received by November 15, 2024. For your application to be considered we must also receive your Pastor's completed form by the same date!

**Please Mail to:**  
**Rocky Mountain District Attn: CMD Department,**  
**6295 Lehman Dr. Suite 202 Colorado Springs, CO 80918**  
**Or Scan and Email to:**  
**cmdmissionstrips@rmdc.org**

(Applicants will be notified of acceptance by November 30, 2024)

**Pastor's Recommendation Form – Page 1**

**2025 Missions Trip – King's Castle, El Salvador  
(July 11-18, 2025)**

Applicant, please fill out the top portion of this form and give it to your Pastor to complete. For your application to be considered, we must receive this completed form by November 15, 2024.

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone ( ) _____ - _____ Mobile Phone ( ) _____ - _____
Pastors Name _____
Church _____
Address _____
City _____ State _____ Zip _____
Home Phone ( ) _____ - _____ Mobile Phone ( ) _____ - _____

Dear Pastor,

The above applicant desires to be a part of our 2025 RMMN Missions trip to El Salvador working with the Triplets at King's Castle. Serious consideration will be given to your evaluation of the applicant's character and fitness for the team. We need to know as much as possible about our applicants in order to make fair appraisals of their qualifications, matching all applicants with the best possible ministry opportunity for them. **Please be honest and candid as your comments will be held in the strictest confidence.**

**How long have you known the applicant?** \_\_\_\_\_

**How well do you know her?**

\_\_\_\_ By Face/Name \_\_\_\_ Casually \_\_\_\_ Fairly Well \_\_\_\_ Very Well

**Using the below codes below answer the following questions.**

**E – Excellent AA – Above Average A – Average P- Poor U-Unknown**

**How would you best describe the applicant in the following areas**

\_\_\_\_ Adaptability \_\_\_\_ Servant hood \_\_\_\_ Dependability \_\_\_\_ Maturity  
\_\_\_\_ Spiritual Life \_\_\_\_ Leadership Ability \_\_\_\_ Responsive to Authority

## Pastor's Recommendation Form – Page 2

Using the codes below answer the following questions:

**O-Often**      **S-Seldom**      **R-Rarely**      **N- Never**  
\_\_\_\_ Procrastinates \_\_\_\_ Critical \_\_\_\_ Irritable \_\_\_\_ Depressed \_\_\_\_ Argues  
\_\_\_\_ Positive \_\_\_\_ Loyal \_\_\_\_ Truthful \_\_\_\_ Defensive \_\_\_\_ Genuine  
\_\_\_\_ Approachable \_\_\_\_ Complaining \_\_\_\_ Teachable Spirit \_\_\_\_ Mood Swings  
\_\_\_\_ Works well with others \_\_\_\_ Has a Team Spirit

Do you believe the applicant to be a well-grounded Christian? Yes \_\_\_ No \_\_\_ Somewhat \_\_\_

Does the applicant faithfully attend services? Yes \_\_\_ No \_\_\_ Somewhat \_\_\_

Is the applicant active in your church? Yes \_\_\_ No \_\_\_ Somewhat \_\_\_

Are you aware of any mental or emotional illness or instability in the applicant? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any reason to question the applicant's morals? Yes \_\_\_ No \_\_\_

Does the Applicant work well with others? Yes \_\_\_ No \_\_\_

Do you have any reasons to lack confidence in the applicant? Yes \_\_\_ No \_\_\_

To the best of your knowledge, does she use drugs, alcohol, and/or tobacco or has she been convicted for illegal use of these items? Yes \_\_\_ No \_\_\_

We would appreciate any additional comments you might have concerning the applicant.

Please indicate if they would be a positive or negative influence on this mission trip. Please use the space below: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have a current background check on file with the church? \_\_\_\_\_

Based on the above information, your recommendation for this applicant would be:

\_\_\_\_ Strongly recommended \_\_\_\_ Recommended  
\_\_\_\_ Recommended with Reservation \_\_\_\_ Not Recommended

\_\_\_\_\_  
Pastors Signature

\_\_\_\_\_  
Date

For more information or any questions, please contact Amanda Robinson at 970-739-6039 or email at [cmdmissionstrips@rmdc.org](mailto:cmdmissionstrips@rmdc.org) or Linda Bottoms at 719-522-0195 or email at [lbottoms@rmdc.org](mailto:lbottoms@rmdc.org). Please email the completed form to the emails listed above or mail to RMMN, Church Ministries, 6295 Lehman Dr. Suite 202, Colorado Springs, CO 80918.

**This form must be received in the RMMN office by November 15, 2024.**

Complete the Background Check Disclosure if your church does not have one on file. It is mandatory that all participants have a background check on file to be a part of the team. Send a Completed Authorization Form in with your application.

**BACKGROUND CHECK DISCLOSURE**  
**Rocky Mountain District of the Assemblies of God**

I, hereby authorize The General Council of the Assemblies of God (Assemblies of God) and/or the District to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentialing now and, if applicable, during the tenure of my credentials with the Assemblies of God.

I release the Assemblies of God and/or the Network and any person or entity, which provides information pursuant to this authorization, from all liabilities, claims or lawsuits regarding the information obtained from all the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_

Full Legal Name (Print)

\_\_\_\_\_

Name as it appears on your driver's license (Print)

\_\_\_\_\_

Maiden Name or Other Names Used – including nicknames (Print)

\_\_\_\_\_

\*Date of Birth

\_\_\_\_\_

\*Social Security Number

\_\_\_\_\_

Full Mailing Address (include city, state and zip code)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*\*NOTE: The above information is required for identification purposes only and must be given to run a background check.*