



Leader Application

This application is to be completed by all applicants for any volunteer position involving supervision or custody of minors. This is to help provide a safe and secure environment for minors.

Instructions

- Complete the application (be sure to sign and date).
- Ask your senior pastor and two other mature Christians to complete the reference forms and return them to your trip leader by the designated deadline. Provide the reference form and a self-addressed, stamped envelope.
- Complete the Assumption of Risk forms.
- Return the application and the Assumption of Risk forms to the trip leader.

Personal Information

Name: _____ (Last, First, Middle) Shirt Size: _____

Address: _____ Age: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Mobile: () _____

Occupation: _____ E-mail: _____

Have you ever been convicted of or plead guilty to a crime? Yes No If yes, please explain (you may attach a separate sheet if necessary). _____

Church History and Prior Youth Work

1. Church name and address where you attend (include city and state):

Are you a member? Yes No

2. Church name(s) and address(es) you have attended regularly during the past five years:

3. Please list all previous church work involving youth (list each church's name and city/state), type of work performed, and dates (attach additional sheets if necessary). _____

4. List all previous non-church work involving youth. Please list each organization's name and address, type of work performed, and dates (attach additional sheets if necessary). _____



Leader Application

(continued)

Insurance Election

I am aware of the hazards and risks associated with serving in a missions capacity. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Foreign Trips—Brotherhood Mutual Insurance Company

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- Medical accident and sickness coverage: \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance, including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation of mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Initial: _____ **Date:** _____

Stateside Trips—Special Markets Insurance Consultants, Inc.

- \$10,000 Accident Medical Maximum
- \$5,000 Sickness Medical Maximum
- \$2,500 Accidental Dental and Physical Therapy Maximum
- \$25,000 Accidental Death Benefit
- \$25,000 Accident Coma or Paralysis Benefit
- \$10,000 Medical Evacuation
- \$5,000 Repatriation
- \$5,000 Return of Remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently requires through Brotherhood Mutual Insurance Company for foreign trips and through Special Markets Insurance Consultants, Inc., for stateside trips.
- I do desire additional insurance coverage and will assume full responsibility for obtaining such coverage from a private insurance carrier at my own expense.

Initial: _____ **Date:** _____



Assumption of Risk

(for those 18 years and older)

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of AIM, National Youth Ministries of the Assemblies of God, or the General Council of the Assemblies of God.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverages required by AIM, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, any AIM Affiliates, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, and subject to the insurance coverages required by AIM, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.**

Name (please print)

Signature

Date

Witness Name (please print)

Witness Signature

Date

Arizona District Council of the Assemblies of God
2601 E Thomas Rd Ste 210
Phoenix, AZ 85016



Pastoral Recommendation

—LEADER—

This section is to be completed by the applicant (please print):

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Mobile Phone: () _____

E-mail Address: _____

This section is to be completed by the pastor who is referring the leader:

A note from AIM:

The above-named person is applying to help lead a short-term missions trip through the Assemblies of God Ambassadors in Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your answers will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check one)

not very well casually well very well

3. Do you believe the applicant is a committed Christian? Yes No

4. To what extent is the applicant involved in your church?

no involvement slightly involved involved very involved

5. What special talents has he/she shown? _____

6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No If yes, please explain. _____

8. Do you know of any reason why the applicant wouldn't be suitable to lead on an AIM trip?
 Yes No If yes, please explain. _____

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?
 Yes No If yes, please explain. _____



Pastoral Recommendation

(continued)

Please rate the applicant on the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude towards authority					
Other:					

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: ()

Pastor's Information

Church Name: _____

Address: _____

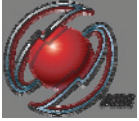
City: _____ State: _____ ZIP: _____

Church Phone: () E-mail: _____

Position/Title: _____ Date: _____

Pastor's Name (please print)

Pastor's Signature



Mature Christian Reference

—LEADER—

This section is to be completed by the applicant (please print):

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () Mobile Phone: ()

E-mail Address: _____

This section is to be completed by the person who is referring the leader:

A note from AIM:

The above-named person is applying to help lead a short-term missions trip through the Assemblies of God Ambassadors in Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your answers will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check one)
 not very well casually well very well

3. Do you believe the applicant is a committed Christian? Yes No

4. To what extent is the applicant involved in church?
 no involvement slightly involved involved very involved

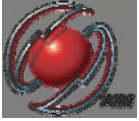
5. What special talents has he/she shown? _____

6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No If yes, please explain. _____

8. Do you know of any reason why the applicant wouldn't be suitable to lead on an AIM trip?
 Yes No If yes, please explain. _____

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?
 Yes No If yes, please explain. _____



Mature Christian Reference

(continued)

Please rate the applicant on the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude towards authority					
Other:					

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: () _____

Your Reference Information

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Job/Title: _____ Date: _____

Your Name (please print)

Your Signature

Ambassadors in Mission (AIM)