



Student Application

Instructions

- Complete the application (be sure to sign and date).
- Ask your parents to complete the parental consent form.
- Ask your senior pastor and two 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.
- Return the application and the parental consent form to your trip leader.

Personal Information

Name: _____ (Last, First, Middle) Shirt Size: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: () _____ DOB (m/d/y): _____ Age: _____
Birthplace: _____ State: _____
Occupation: _____
Mobile Phone: () _____ E-mail: _____

Family Information

Father's name: _____ (Last, First)
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: () _____ Work Phone: () _____
Mobile Phone: () _____ E-mail: _____

Mother's name: _____ (Last, First)
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: () _____ Work Phone: () _____
Mobile Phone: () _____ E-mail: _____

Do you live with both parents? Yes No

If no, who is your primary guardian? _____



Student Application

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Educational Information

1. How many years of schooling have you completed? _____
2. Do you speak any foreign languages? Yes No If yes, please list and note how fluent.

3. Please list any awards, honors, or achievements you have received. _____

4. Please list any special skills, abilities, musical talents, etc., you may have. _____

Health Information

1. Are you in good physical health? Yes No If no, please explain. _____

2. Do you have any physical handicaps? Yes No If yes, please explain. _____

3. Will you be willing to eat whatever food you are served? Yes No If no, please explain. _____

4. Do you have any known allergies? Yes No If yes, please explain. _____

5. Are you currently taking any medications? Yes No If yes, please list. _____

Spiritual Information

1. Please check all that apply to you personally:
 Salvation (Date): _____ Water baptism (Date): _____
 Baptism in the Holy Spirit (Date): _____
2. Please describe your involvement in your local church. _____

3. Why do you want to participate in an AIM outreach? _____

4. How did you learn about AIM? _____



Student Application

(continued)

AIM Experience Information

1. Have you ever participated in an AIM outreach? Yes No
2. If yes, what year(s) did you participate? _____
3. Where did you go? _____

Reference Information

(Please fill out each section completely. The references cannot be relatives.)

Senior Pastor: _____

Youth Pastor: _____

Church Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Church Phone: () _____ How long have you known your pastors? _____

Church E-mail: _____

Mature Christian #1: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mature Christian #2: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ ZIP: _____

I certify that all of the above information is true and I have answered each question completely and honestly. I also understand that my application will be sent to a screening committee for approval and any applicable fee is non-refundable.

Student name (please print)

Student signature

Parent/guardian name (please print)

Parent/guardian signature

Relation to student: _____ Date: _____



Parental Consent Form

(for those under the age of 18)

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Child's Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Work Phone: () _____

Mobile Phone: () _____ E-mail: _____

Medical Questionnaire

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No If yes, please explain and list any medications. _____

2. Is your child allergic to any type of medication? Yes No If yes, please explain. _____

3. Does your child medically require a special diet? Yes No If yes, please explain. _____

4. Does your child have (or has ever had) any of the following? (Check all that apply and explain.)

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |

Other: _____

Explain: _____

5. Does your child have any allergies? Yes No If yes, please explain and list medications.

6. Has your child ever sleep walked? Yes No 7. Can your child swim? Yes No

8. Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No If yes, please explain. _____

Initial: _____ Date: _____



Parental Consent Form

(continued)

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home Phone: () E-mail: _____

Father's Work: () Mother's Work: ()

Father's Cell: () Mother's Cell: ()

Emergency Contact Name: _____

Emergency Contact Number(s): ()

Family Doctor: _____

Doctor's Phone Number: _____

Child's Insurance Company: _____

Child's Ins. Policy Number: _____

Initial: _____ Date: _____

Consent

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in an AIM trip during _____ (year), including swimming, boating, hiking, sports events, and any other activities customarily associated with an AIM trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming. I (We) **do not** authorize our child to participate in any of the following activities: _____.

Initial: _____ Date: _____

Model Release

I, _____, do hereby give Arizona Youth Ministries, the General Council of the Assemblies of God, and any/all of their licensees and legal representatives the irrevocable right to use my child's name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Initial: _____ Date: _____



Parental Consent Form

(continued)

Insurance Election

I am aware of the hazards and risks to my child 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 our expense.

Initial: _____ **Date:** _____



Parental Consent Form

—Authorization for Foreign Travel with a Minor—

Instructions: If traveling outside U.S., original notarized form *MUST* accompany traveling minor.

Both birth parents or legal guardians must sign:

- If divorced. (If divorced with sole custody, legal documentation from the parent with custody must be attached and notarized.)
- If a natural parent is deceased, a certified copy of the death certificate is required.
- Step-parents cannot sign for a minor unless that child has been legally adopted by that step-parent, in which case, legal documentation supporting the adoption must be attached and notarized.

Consent, Certification, and Authorization (*signatures must be notarized below*)

I do hereby grant full authorization and consent for my child, _____, who is a U.S. citizen and holds the U.S. passport number of _____, to travel outside of the United States of America with _____. I have approved the following travel plans:

(Name of group)

1. Dates of Travel: _____.
2. Destinations/accommodations: _____.

I authorize _____ to make any changes whatsoever to the travel plans

(Name of adult with whom the minor will travel)

specified above. Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

I have honestly and accurately completed all parts of the Parental Consent Form to the best of my ability.

_____ Parent/Guardian Signature #1	_____ Date	_____ Parent/Guardian Signature #2	_____ Date
_____ Parent/Guardian Name (please print)		_____ Parent/Guardian Name (please print)	
_____ Address		_____ Address	
_____ City, State, ZIP		_____ City, State, ZIP	
_____ Phone Number		_____ Phone Number	

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

On _____, of 20____, before me, _____, a Notary

(Notary's Name)

Public in and for said county, personally appeared _____,

(Subscribing Witness)

known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

My commission expires: _____





Pastoral Recommendation —STUDENT—

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 student:

A note from AIM:

The above-named person is applying for 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 participate on an AIM trip?
 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: _____

Pastor's Information

Church Name: _____

Address: _____

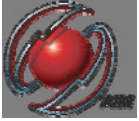
City: _____ State: _____ ZIP: _____

Church Phone: () _____ E-mail: _____

Position/Title: _____ Date: _____

Pastor's Name (please print)

Pastor's Signature



Mature Christian Reference

—STUDENT—

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: _____

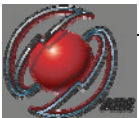
This section is to be completed by the person who is referring the student:

A note from AIM:

The above-named person is applying for 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 participate on an AIM trip?
 Yes No If yes, please explain. _____



Mature Christian Reference

Ambassadors in Mission (AIM)

(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: _____

Contact Information

Your Name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Your Signature

Date

Ambassadors in Mission (AIM)