

Attach photo here

Procedure: (All potential AIMers, including youth pastors, must complete an application)

1. Apply for a passport (foreign trips) if you don't already have one and start fundraising.
2. Accurately complete Parts 1-3 of application including **Notarized** Consent Form.
3. Attach a headshot photo of yourself.
4. Submit application to your pastor or youth pastor by **January 7, 2010**. Your pastor will complete Part 4 and mail your application to AIM.
5. Upon acceptance, you will receive more details regarding the trip at the AIM Training at Destination:Campus on **February 12-13, 2010**.

PART 1 – APPLICANT INFORMATION

Please type or print clearly using ink - Use your legal name as it appears on your passport

Legal Last Name _____ **Legal** First Name _____

Name you prefer to be called _____ Phone (_____) _____

Address _____ City _____ St _____ Zip _____

Birthdate ____ - ____ - ____ Age _____ Sex _____ Country of Citizenship _____

E-mail Address _____

Parent(s)/Guardian(s) _____ Phone (_____) _____

Location Preference: (1st Choice) _____ (2nd Choice) _____

Church Name _____ Pastor's Name _____

Are you willing to purchase a passport if deemed necessary by the team leader? _____ T-Shirt Size _____

Education Information

What year of schooling have you completed? _____

Do you speak a foreign language? _____ Which one? _____ How well? _____

Special awards and honors _____

Special skills, abilities or musical talents _____

Health Information

Are you in excellent health? _____

Have you ever had any physical handicaps? _____ If yes, explain _____

Height _____ Weight _____

Will you be willing to eat whatever food you are served? _____ If not, please explain your diet requirement _____

PART 2 – SPIRITUAL EXPERIENCE

Please give a brief account of the following:

1. Your spiritual experience: Include information concerning your salvation story, water and Holy Spirit baptism. Relate how, when and where for each.
2. Your experience in Christian service: Include what you have done, when, where and with whom you have worked. List particular examples of leadership experience.
3. Relate your reasons for wanting to participate in AIM and how it relates to your calling.



Questions? Contact
Matt Reed at 612-455-2280
or mreed@mnaog.org

This form must be completed for all team members UNDER 18 YEARS OF AGE at time of trip. Parents and legal guardians of minors must complete this form. The information requested is to help provide safety of minors during AIM trips & activities.

General Information (please print)

Student's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Student's Address _____

Parent's Cell Phone _____ Parent's Work Phone _____

Family Physician _____ Physician's Phone _____

Insurance Company Covering Student – Brotherhood AIM Insurance Coverage (included in trip cost)

Consent, Certification, and Medical Authorization

I/we, the undersigned, being the parent or legal guardian of the student named above (the "student"), do hereby consent to the student's assignment on and participation in an Ambassadors in Mission (AIM) outreach sponsored by the Youth Department of the MN District Council / Division of Foreign Missions, General Council of the Assemblies of God to (outreach location) _____, including, but not limited to, all of the activities customarily associated with an Ambassadors In Mission trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I/we hereby release the MN District / General Council of the A/G, its agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness or damage which may be sustained by said student during the course of said trip.

Further, I certify that the student is physically fit and adequately trained to participate on such an AIM trip. I have contacted either our public health department or a travel clinic, and our local physician regarding vaccinations, immunizations, and other precautions for the prevention of disease. In addition, I have read the recommendations from the Center for Disease Control. I certify that the student has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies.

I understand that while the above named student participates in any AIM activity, he or she is responsible to abide by the rules set forth by the MN District Council and General Council of the Assemblies of God, and to comply with all orders and directives of AIM / MAPS supervisory personnel. Any infraction of the rules by the student can result in dismissal from the program. In the event the student is dismissed from the program, I, the undersigned, agree to assume the cost of returning the student to his or her home. I also agree to forfeit any right to a refund of any pre-paid fees or expenses. I understand that such action would only be taken after notification of the student's pastor and parents or guardians.

Is your student presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes ___ No ___ (If yes, please explain) _____

Is your student allergic to any type of medication? Yes _____ No ___ (If yes, please explain) _____

Does your student require a special diet? Yes ___ No ___ (If yes, please explain) _____

Does your student have any allergies other than medical? Yes _____ No _____ (If yes, please explain) _____

Does your student ever sleep walk? Yes _____ No _____

Can your student swim? Yes _ No _____

Does your student have any physical condition or illness that would prevent him/her from participating in rigorous activity?

Yes ___ No ___ If yes, explain below and a written release must be submitted by your physician authorizing your student to participate in this activity. _____

PART 3 – MINOR CONSENT FORM CONT.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my student. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my student is injured or becomes ill. I authorize the team leader or properly appointed staff member of the MN District or General Council A/G to make emergency medical care decisions on behalf of my student, if required by law or a health care provider.

I agree to notify the above named church office in the event of any health changes which would restrict my student's participation on an AIM trip. I also understand that the adult supervisors reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

(Signature of Parent/Guardian) _____ (Date) _____

(Signature of Parent/Guardian) _____ (Date) _____

*We must have **BOTH** parental signatures*

MUST be completed by Notary Public

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, 20____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person(s) who executed the within agreement and acknowledged to me that he/she/they executed the same for the purposes therein stated.

My Commission expires: _____

Signature: _____

PART 4 – PASTOR'S REFERENCE**AIM 2010**

Applicant's Name _____

Dear Pastor:

We would appreciate your confidential comments on the applicant's maturity, stability, temperament, ability to adjust to new situations, physical stamina and any other traits or qualities which might be assets or liabilities. Exposure to pressures, cultural shock and physical stress places a great demand on the character and disposition of each applicant. It is impossible for us to become personally acquainted with all applicants. Therefore, we must rely on your recommendation. Please complete the form and return it to us as soon as possible. The candidate's application cannot be processed until your evaluation is received. Please feel free to make any additional comments on a separate sheet and attach to this form. Thank you for your help.

1. How long have you been acquainted with the applicant? _____ In what relationship? _____

2. Do you believe the applicant to be an outstanding member of your youth group? _____

3. Would you recommend him/her, without reservation, to AIM? _____

4. State briefly your opinion of his/her dedication to Christ. _____

5. What leadership abilities has he/she evidenced? _____

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

7. Are his/her Christian standards above reproach? _____

8. To your knowledge, is he/she in good health? _____

9. Does he/she have any emotional, mental or physical handicaps? _____

Please check the following:	Excellent	Good	Fair	Poor
Spiritual depth and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Excellent	Good	Fair	Poor
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to youth activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my estimation, the applicant would be a(n): Excellent Good Fair Poor ... addition to AIM.

Because _____

Signed _____ Date _____

Church _____ Phone: (_____) _____ - _____

Address _____ City _____ St _____ Zip _____

Pastors - Return to: AIM ● 1315 Portland Avenue South ● Minneapolis, MN 55404-1486
All AIM applications from your church are due by January 7, 2010 with a \$300 group deposit.
If an applicant is not going as part of a group, send application with a \$100 individual deposit.