

# 2018 AIM APPLICATION FORM – ADULT (Over 18 at time of trip)

[www.minnesotaaim.com](http://www.minnesotaaim.com)

Attach photo here

**Procedure:** (All participants, including youth pastors must complete an application)

1. Thoroughly Complete Parts 1-3 of application, including **Notarized Consent Form**.
2. Apply for a passport (for foreign trips) if you don't already have one, and start fundraising.
3. Attach a photo of yourself to this application.
4. Submit application by **December 1, 2017**. (**MUST** be postmarked by December 1st with a **\$200 (or \$50 if Minnesota trip) Non-Refundable Deposit or late fee of \$25 applies**)  
(Early registration is due: **October 27, 2017**. You must submit an application; a notarized consent form, pastoral reference and \$200 to receive a \$100 credit toward your bill.
5. Upon acceptance, you will receive an acceptance email and an invitation to AIM Training weekend in conjunction with the Destination campus conference: **February 18-19, 2018**.

## PART 1 – APPLICANT INFORMATION

Please type or print clearly using ink - ***Use your LEGAL NAME - as it appears on your passport!***

**Legal** First Name \_\_\_\_\_ **Legal** Middle Name \_\_\_\_\_

**Legal** Last Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Age \_\_\_\_\_ Sex \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Trip location \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

I currently have a passport \_\_\_\_\_

## Education Information

The grade I have completed at time of trip? \_\_\_\_\_ School I attend? \_\_\_\_\_

## Health Information

How would you describe your physical condition? \_\_\_\_\_

Any physical issues that might affect your performance on the trip? \_\_\_\_\_

Will you be willing to eat whatever food you are served? \_\_\_\_\_

Do you have any special dietary requirements? \_\_\_\_\_

## Insurance Information

I have health insurance \_\_\_\_\_ YES \_\_\_\_\_ NO

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ ID # \_\_\_\_\_

Group # \_\_\_\_\_ Phone number \_\_\_\_\_

Questions? Contact Bobby (Minnesota Aim director) at: [minnesota.aim@gmail.com](mailto:minnesota.aim@gmail.com)

or

Call: 320-360-9990. Check out our website at: [www.minnesotaaim.com](http://www.minnesotaaim.com)



**PART 2 – SPIRITUAL EXPERIENCE / PASTOR'S REFERENCE**

(Attach an additional sheet of paper if needed.)

1. **Your spiritual experience:** Tell me your salvation story and how you began your personal relationship the Lord.

2. **Your experience in Christian service:** Explain how you have been involved in your youth group, church, campus ministry, etc...

3. Tell me **WHY** you want to participate in this mission trip. Do you feel like God is leading you on this trip? How is that?

Applicant's Name \_\_\_\_\_

Dear Pastor:

We would appreciate your confidential comments on the applicant's maturity, stability, temperament, and 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.

- 1. How long have you been acquainted with the applicant? \_\_\_\_\_ In what relationship? \_\_\_\_\_
- 2. State briefly your opinion of his/her dedication to Christ. \_\_\_\_\_
- 3. What leadership abilities has he/she evidenced? \_\_\_\_\_
- 4. What special talents has he/she shown? \_\_\_\_\_
- 5. Are his/her Christian standards above reproach? Yes / No \_\_\_\_\_
- 6. To your knowledge, is he/she in good health? Yes / No \_\_\_\_\_
- 7. Does he/she have any emotional, mental or physical handicaps? \_\_\_\_\_

**Please check:**

	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/Teachable	<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/youth	<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.

I recommend them for AIM:  YES  NO Why / Why not? \_\_\_\_\_

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 December 1, 2017.**  
**A late fee of \$25.00 will be charged if postmarked after December 1, 2017.**

**All team members 18 years of age & older at time of trip must  
Complete this form and have it NOTARIZED as part of their AIM application**

I (name) \_\_\_\_\_, in consideration of my acceptance as a member of an AIM (Ambassadors In Mission outreach) to (outreach location) \_\_\_\_\_ and in cooperation with the Youth Department of the MN District Council / Dept. of Missions General Council of the Assemblies of God (referred to after as: A/G) represent and agree that:

1. I am a volunteer and acknowledge that I am not an employee of the General Council of the A/G, or the Minnesota District Council of the A/G.
2. I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risks including, but not being 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 accept my assignment with full awareness of these risks, and I voluntarily assume all risk of death, injury, illness, and damage to myself or any member of my family associated with such risks. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28.*
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I waive any and all claims for damages which I, or my heirs or successors, may have against the General Council of the A/G, or the Minnesota District Council of the A/G and their staff 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 in their behalf as their parent and legal guardian, 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 understand and accept the following policy of the Division of Foreign Missions regarding ransom payments:  
The Foreign Missions Board has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our staff or volunteers hostage. The Division of Foreign Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.
8. 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 THE CONTENTS THEREOF, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**
9. Are you bringing any medications on this mission trip? \_\_\_\_\_ If yes, please list medication and reason for medication: \_\_\_\_\_
10. Are you allergic to any medications (please list): \_\_\_\_\_
11. I give the team leader and or the missionary / host I am working with, to seek competent medical assistance if deemed necessary.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Legible Signature of Applicant

\_\_\_\_\_  
Legible Signature of Spouse (if he or she is accompanying you)

**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: \_\_\_\_\_

Notary please stamp here:



2018 AIM  
BACKGROUND CHECK RELEASE

I authorize the Minnesota District Aim department to run a background check by providing the information below and signing the form.

---

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

(Maiden Name) \_\_\_\_\_

Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date \_\_\_\_\_

---

Current Physical Address (No P.O. Boxes)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

---

Previous Address (No P.O. Boxes)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_