

2018 AIM APPLICATION FORM – MINOR (Under 18 at time of trip)

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 _____

*Age requirements – Must be at least 15 for International and most domestic trips, and going into Middle school for Minnesota trips

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

or

Call: 320-360-9990. Check out our website at: 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.

PART 3 – MINOR CONSENT FORM**AIM 2018 PARENTAL CONSENT/MEDIAL AUTHORIZATION (MINOR)**

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

Trip location _____ Dates of trip _____

Student's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

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

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 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 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?

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

Is your student taking any form of medication?

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

Will your student bring along this medication on the trip?

Yes _____ No _____

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 your physician authorizing your student to participate in this activity must submit a written release.

Insurance Information

I have health insurance _____ YES _____ NO

Physician _____ Physician's Phone _____

Insurance company _____ ID # _____

Group # _____ Phone number _____



PART 3 – MINOR CONSENT FORM CONTINUED

Students name _____

Trip location _____

Medical Treatment / Granting of Temporary Guardianship 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 A/G District 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 Minnesota Aim director (at: minnesota.aim@gmail.com) 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.

I/We the parent(s) or legal guardian(s) of the child listed above, do hereby grant temporary guardianship of our child to the trained Aim team leader or appointed staff member of the MN A/G District.

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

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

Must include BOTH parental Signatures (unless one parent has sole custody)

I have sole custody of my child _____ (please initial here)

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 stamp here