



# ALASKA

## Student Application



**Alaska**

**Aaron Hall, DYD**

**Dates: July 24-August 2, 2012**

**Cost \$1,750**



# AIM Alaska Information

## What is AIM?

Ambassadors In Mission is the missions outreach ministry of the Assemblies of God Youth Department. Our purpose is to spread the good news of Jesus through short-term missions teams working with local missionaries or pastors. As an AIMer, you will be involved in evangelism whether it be through song, drama, mime, door-to-door witnessing, children's ministry, Bible distribution or some other method. Through the Appalachian District Youth Ministries' AIM Alaska, young people like yourself will join together to share Jesus with the people of as we work with AG Foreign Missionaries and Pastors in the region.

## Who should apply?

AIM is looking for born-again believers between the ages of 16+ and leaders with determination to sacrifice and a desire to serve Jesus Christ wholeheartedly. Foreign AIM requires a lifestyle of discipleship and spiritual growth. Previous participation in an AIM trip is helpful, but not required.

## How do I get involved?

After reading through this information sheet, simply **complete the attached application form listing all required information and return it to the AIM office at the following address...P.O. Box 310, Ghent, WV, 25843.** If you are accepted, you will be notified that you are officially on your way to a life-changing experience.

## Finances

It is the responsibility of each AIMer to raise the total amount of funds needed for the trip. The listed cost of this outreach includes expenses from the originating point back to the originating point. Any additional costs, including travel expenses to and from the originating point and extra spending money (souvenirs, etc.), are the responsibility of each AIMer. **The deadline for full payment of your trip is: June 1, 2012.**

Note: A great way to raise money is to write letters to everyone you can think of telling them about your trip and asking for their participation in helping you reach your destination. A form letter has been included with this packet for your convenience.

## Orientation/Training

Included in the cost of the trip is a special orientation and training time to properly prepare you for the ministry in Alaska. Everything from team relationships to mechanics of the outreach will be covered in order to make this effort as effective as possible. It is **imperative** that you attend this training.

Each team member is expected to cooperate totally with team leadership. We will work with local churches, missionaries, pastors, and nationals in each location. And the Lord will work with us "confirming the word with signs following. AMEN!" (Mark 16:20)

**Cost:** \$1,750

(Price includes round-trip airfare, transportation, lodging, meals, insurance, AIM t-shirts, back-pack, training day, orientation, etc.)

**Date:** July 24- August 2, 2011

**Originating Point:** Ghent, West Virginia

**Destination:** Alaska



# Frequently Asked Questions

## What does the cost include?

Listed costs include: Round-trip airfare, all meals, all lodging, transportation, entry and exit fees for the country (if applicable), insurance, training and materials, 2 AIM t-shirts, an AIM backpack, and an AIM journal. You will be responsible for any additional expenses including: snack money, offerings, and shopping. These are NOT included in the trip price.

## How do I apply for an AIM trip?

Complete the application and all applicable forms, and give recommendation forms to your Pastor and 2 adult Christian friends. Send the application, applicable forms, and a \$100 non-refundable application fee to: **AIM — P.O. Box 310 — Ghent, WV 25843.**

Important Registration Information: Applications are due by January 17. When the \$100 application fee and application are received, your application will be processed. Please make sure to fill out the application with your LEGAL NAME. If you are approved, you will receive a letter of congratulations with further information about the trip. Remember that there is a limit to the number of applicants that will be approved for each trip. It is advantageous for you to get your application in ASAP. NOTE: Costs and dates are subject to change without notice. Appalachian Youth Ministries reserves the right to deny the applicant participation in any of these AIM trips.

## How old do you have to be?

To go on an overseas trip, you must be age 16+. Leaders may also apply.

## When is my money due? \$100

due upon application

### Alaska

\*1st Payment Due—March 19, 2012 (\$775)

\*2nd Payment Due—June 1, 2012 (\$775)

## What happens if I am not able to go after I submit my application?

If you cancel 46-65 days prior to the date of your trip, you are liable to pay 25% of your trip cost. If you cancel 31-45 days prior to the date of your trip, you are liable to pay 50% of your trip cost. If you cancel 30 days or less prior to the date of your trip, you are liable to pay 100% of your trip.

## What about insurance?

We provide accident insurance for each AIMer. The coverage begins from the time we depart the airport until the time we return.

## Does our group stay together?

Yes. We will stay together as a team with leaders during the trip.

## What should I bring?

You will be given a checklist during our AIM training.

# 2012 AIM Application

**A \$100 Non-refundable deposit must be included with this application.  
Please include a 2 wallet size photos with your application.**

## PERSONAL INFORMATION / LEGAL NAME

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  Male  Female  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please check below if you have ever been involved with:

Alcohol  Illegal Drugs  Cult or Occult

If you answer "yes" to any of these, please explain on a separate sheet of paper.

Please Check below if you have been:

Expelled from school  In a Juvenile Detention Center  Jail

If you answer yes to any of these, please explain on a separate sheet of paper.

## FAMILY INFORMATION

Father \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ /Zip \_\_\_\_\_  
Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_  
Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ /Zip \_\_\_\_\_  
Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_  
Mobile Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you living with both parents?  Yes  No If no, explain \_\_\_\_\_  
\_\_\_\_\_

Are both parents active in church?  Yes  No Explain \_\_\_\_\_

### T-shirt size

S \_\_\_\_\_ M \_\_\_\_\_  
L \_\_\_\_\_ XL \_\_\_\_\_  
2XL \_\_\_\_\_ 3XL \_\_\_\_\_

### Which trip are you applying for?

Alaska

### Office Use Only

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# 2012 AIM Application

(Continued)

## EDUCATIONAL INFORMATION

1. What year of schooling have you completed? \_\_\_\_\_ What is your major (if applicable)? \_\_\_\_\_
  2. If you speak a foreign language, what is it? \_\_\_\_\_ How fluent? \_\_\_\_\_
  3. Special Awards and honors \_\_\_\_\_
  - \_\_\_\_\_ 4.
- Special skills, abilities, or musical talents \_\_\_\_\_
- \_\_\_\_\_

## HEALTH INFORMATION

1. Are you in excellent health?  Yes  No If no, explain \_\_\_\_\_
- \_\_\_\_\_
2. Do you have any physical handicaps?  Yes  No If yes, explain \_\_\_\_\_
- \_\_\_\_\_
3. Is there any history of mental illness in your family?  Yes  No If yes, explain \_\_\_\_\_
- \_\_\_\_\_
4. Will you be willing and able to eat whatever food you are served?  Yes  No If no, explain \_\_\_\_\_
- \_\_\_\_\_
5. Do you have any known allergies?  Yes  No If yes, explain \_\_\_\_\_
- \_\_\_\_\_
6. Are you currently taking medications?  Yes  No If yes, please list \_\_\_\_\_
- \_\_\_\_\_

## SPIRITUAL INFORMATION

1. Please check which of the following you have personally experienced:  
 Conversion (Date \_\_\_\_\_)  Water Baptism (Date \_\_\_\_\_)  
 Baptism in the Holy Spirit (Date \_\_\_\_\_)
2. To what extent are you involved in your church? \_\_\_\_\_
- \_\_\_\_\_
3. Why do you want to participate in an AIM outreach? *(Use separate sheet of paper. At least one paragraph.)*
4. How did you learn about AIM? \_\_\_\_\_

# 2012 AIM 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? \_\_\_\_\_
2. What kind of trip was it?  Church  District  National /  Foreign  Stateside

## REFERENCE INFORMATION

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

Pastor \_\_\_\_\_ Church Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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

How long acquainted? \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Mature Christian #1 \_\_\_\_\_ How long acquainted? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mature Christian #2 \_\_\_\_\_ How long acquainted? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

I understand and agree that the purpose of AIM is the ministry of the gospel of Jesus Christ and His Church. Any other activity will be available only if time permits and could be canceled if not convenient or hinders the ministry in any way. Team members, leaders, and staff will adhere strictly to all AIM policies and are subject to dismissal for disobedience, without refund or reimbursement.

I authorize the Appalachian District Council to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District for the use of such photos or videos.

I certify that all the above information is true and I have answered each question completely and honestly. I understand my application will be sent to a screening committee for approval and any application fee is non-refundable. Also, I am willing to submit to all AIM leadership, working towards team unity at all times.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

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

Relation to Student \_\_\_\_\_ Date \_\_\_\_\_

# Appalachian District AIM Disclaimer

(Required by ALL Applicants)

Proposed Activity: ALASKA AIM trip— July 24- August 2, 2012

**First:**

(Those under the age of 18)

I/We \_\_\_\_\_ am/are the adult natural parent(s) of \_\_\_\_\_  
\_\_\_\_\_, (hereinafter referred to as "Participant") a minor of \_\_\_\_\_ years, and \_\_\_\_\_ months of age

and agree to the following:

(Those 18 and older)

I \_\_\_\_\_ (hereinafter referred to as "Participant") agree to the following:

**Second: Participation Disclosures and Waivers**

Participant and Appalachian Youth Ministries understand and agree that there are a number of various programs undertaken in affiliation with Appalachian Youth Ministries involving activities and individuals that are often not under direct control or supervision of Appalachian Youth Ministries, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and that Appalachian Youth Ministries has limited or no control over other individuals involved in such activity; and there is always the risk of physical injury, illness, and other loss, and possible costs or expensed for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself/herself, and for and on behalf of said Participant and his or her family, representatives, and heirs, assume the risk of responsibility or sort of loss or injury of or to person or property of any description in the regard, and as an inducement to Appalachian Youth Ministries and its agents to allow the undersigned and Participant to participate in such activity, does hereby agree to hold harmless Appalachian Youth Ministries and its agents from all these things in event any such claim should arise. *Appalachian Youth Ministries does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.*

**Third: Disclosure of Special Medical or Other Requirements**

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for care, supervision, or medications, other than those listed on the Consent for Medical Treatment Form.

**Fourth: Medical Authorization**

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for Appalachian Youth Ministries through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, and in such event, Participants agrees to assume and pay all costs, charges, fees and expenses incurred in the premise, and to hold harmless Appalachian Youth Ministries there from. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things at Participant's own expense. Secondary Insurance, which is provided, will cover any expenses not covered by Applicant's primary insurance.

**Fifth: Discipline**

Participant for himself/herself hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by Appalachian Youth Ministries or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the said activity may then be immediately terminated, without liability on Appalachian Youth Ministries or its agents. Financial responsibility for this early return home will be assumed by those signing this form.

**Sixth: Parent Travel Consent Form**

I hereby have given my child permission to travel to the following location during the following days with provided supervision by Appalachian Youth Ministries through its adults serving as its agents. If my last name differs from my child's last name I will provide a copy of my child's Birth Certificate or legal guardianship documents.

# Appalachian Youth Ministries Parental Awareness Form

(Required if Applicant is under the age of 18)

One of the questions asked frequently by parents is, "Who is watching over my young person while he/she is on this missions trip?"

We at the Appalachian District of the Assemblies of God Youth Department want you to feel confident about the safety and security of your young person while on our missions trip. We understand your concerns and want you to know should you have any questions or concerns you may contact our District Youth Director, Aaron Hall. We will answer any question and concern to the best of our ability. You may contact Aaron any time.

We have invested a lot into the leaders of our District Youth Department to ensure the best possible experience for your young person. Our leadership team is accountable and responsible and has experience in all facets of ministry, discipline, leadership, and safety.

The overall leader of this AIM trip will be Aaron Hall, assisted by Youth Pastors/Leaders within the Appalachian District.

If you would like to speak with Aaron regarding any facet of this trip please call the District Office at 304.787.3916 or 540.239.3000.

**I have read the above statements and understand that if I have any questions I may contact Aaron Hall with any questions or concerns about this trip. I also have signed all forms necessary in order for my child to participate in this 2012 AIM trip. I understand that if any form is unsigned, my child's application cannot be fully processed until such form has my signature.**

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***Signature of Parent or Legal Guardian***

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***Date***

**Appalachian District of the Assemblies of God  
District Youth Ministries AIM Travel Consent Form  
(Required by ALL Applicants under the age of 18)**

I/ We \_\_\_\_\_ the parent(s) of \_\_\_\_\_  
(Parent(s) First and Last Name) (Child's First and Last Name)

give my son/daughter \_\_\_\_\_ permission to travel  
(Child's First and Last Name)

to Alaska with the Appalachian District AIM Team on the days of July 24 - August 2, 2012.

Parents: If your last name differs from that of your child's last name, then you will be required to attach a birth certificate along with this document.

Please have this document NOTARIZED BY YOUR LOCAL NOTARY (AN AFFIDAVIT)

PLEASE SIGN BELOW (in the presence of the notary)

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**REQUIRED BY ALL APPLICANTS**

*Applicants Name*

Signature \_\_\_\_\_ Printed \_\_\_\_\_

State of \_\_\_\_\_ County of: \_\_\_\_\_

\_\_\_\_\_ (Applicant) after being duly sworn, declares that he/she has read and signed the foregoing Disclaimer, Waiver, Release, and Parental-Medical Consent Form at his/her own free act and deed.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012. My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Date**

(Affix Stamp Here)

# Appalachian District of the Assemblies of God

## District Youth Ministries

### AIM Parental—Medical Consent Forms

Whereas, *(my child)* \_\_\_\_\_, wishes to be a member of the District Youth Ministries Summer AIM Trip team which will be traveling to and from and staying in **Alaska** and Whereas, certain circumstances and situations may occur resulting in *(my child's)* need for medical, dental, care and treatment, and further resulting in my inability to personally give consent for such care and treatment;

**Therefore:**

1. In consideration of permission for my child to participate in said mission, I \_\_\_\_\_, being of legal age, authorize District Youth Ministries of the Appalachian District of the Assemblies of God and/or any agent of District Youth Ministries of the Appalachian District of the Assemblies of God, to act in my child's behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examinations, anesthesia, surgery, or other procedures which may be deemed necessary for my child's medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required but is given to provide authorization and specific consent for medical/dental treatment and care in my child's behalf.
3. Any consent by District Youth Ministries of the Appalachian District of the Assemblies of God shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal health insurance with the following company (Please provide proof of medical insurance)

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Policy Number**

**with no territorial limitation**, including foreign countries, which will provide coverage for my child during the duration of said mission trip.

5. I am aware that serious illness, requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expense that may arise from my child's return by air ambulance or other extraordinary means.
6. I hereby release and hold harmless District Youth Ministries of the Appalachian District of the Assemblies of God, its officers, employees, and representatives/volunteers from all liability for all 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, as well as all property damage or loss arising out of my child's participation in this trip. *(If your child is under custody of both parents, we need both parents' signatures. If not, we need the signature of the one who has custody.)*
7. Further, I certify that my child is physical fit and adequately trained to participate on this missions 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. I certify that my child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies.

**initial** \_\_\_\_\_ **date** \_\_\_\_\_

- **A written release must be submitted by your local physician authorizing you or your child to participate in this missions trip.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Appalachian District Youth Ministries AIM Trip AIM Parental—Medical Consent Forms *(Continued)*

## Medical Questionnaire

- 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 medications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is your child allergic to any type of medications?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child medically require a special diet?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any allergies other than medical?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain and list treatments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has your child ever sleep walked? Yes \_\_\_\_\_ No \_\_\_\_\_
- Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child (or has ever had) any of the following: (circle all that apply and explain below)  
 Seizures       Asthma       Heart murmur  
 Diabetes       Hay Fever       Kidney disease       Other \_\_\_\_\_  
Explain: \_\_\_\_\_

initial \_\_\_\_\_ date \_\_\_\_\_

Your Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Mobile # ( \_\_\_\_\_ ) \_\_\_\_\_ Father's work # ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's work # ( \_\_\_\_\_ ) \_\_\_\_\_ Mother's Mobile # ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact # ( \_\_\_\_\_ ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's phone # ( \_\_\_\_\_ ) \_\_\_\_\_

initial \_\_\_\_\_ date \_\_\_\_\_

# AIM Parental—Medical Consent Forms *(Continued)*

## 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 this AIM trip during **2012**, 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.

initial \_\_\_\_\_ date \_\_\_\_\_

## Insurance Election

I am aware of the hazards and risks to my child associated with serving in a missions capacity, as described above. I further understand that AIM currently requires the insurance coverages summarized below for foreign AIM trips, 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:

- ~\$1,000,000 foreign liability insurance
- ~\$1,000,000 foreign contingent auto liability insurance
- ~\$1,000,000 employer's liability
- ~Foreign worker' compensation coverage
- ~\$10,000 per person accidental medical and sickness coverage
- ~\$250,000 per policy year medical assistance including
  - Emergency medical evacuation
  - Medically supervised repatriation
  - Repatriation or mortal remains

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

initial \_\_\_\_\_ date \_\_\_\_\_

## ***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 (as shown above).
- 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 \_\_\_\_\_

## **Photo/Video Usage Authorization—Inspection Authorization**

I authorize the Appalachian District Council to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District for the use of such photos or videos. I authorize AIM personnel to inspect my student's belongings to see that they have not brought any prohibited or illegal items.

initial \_\_\_\_\_ date \_\_\_\_\_

# AIM Parental—Medical Consent Forms *(Continued)*

*I have honestly & accurately completed all parts of the Parental-Medical Consent Form to the best of my ability.*

## Signatures of Parents/Guardians

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Please have two witnesses observe your signature(s) and sign below. They must be at least 18, and must not be relatives.

Witness signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Witness signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

## Notary Public

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

My commission expires \_\_\_\_\_

*(affix stamp)*



# Pastor Reference Form (cont.)

How do you rate this person in the following areas?

|                                  | EXCELLENT | GOOD | FAIR | POOR | COMMENTS |
|----------------------------------|-----------|------|------|------|----------|
| Christian Life                   |           |      |      |      |          |
| Social Adaptability              |           |      |      |      |          |
| Ability to get along with others |           |      |      |      |          |
| Leadership                       |           |      |      |      |          |
| Cooperation                      |           |      |      |      |          |
| Teachableness                    |           |      |      |      |          |
| Motivation                       |           |      |      |      |          |
| Emotional Stability              |           |      |      |      |          |
| Personal Appearance              |           |      |      |      |          |
| Attitude toward authority        |           |      |      |      |          |
| Mental Ability                   |           |      |      |      |          |
| Health                           |           |      |      |      |          |

Knowing the applicant as you do, what recommendation would you make?

- \_\_\_\_\_ Strongly recommend
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation (may encounter some difficulty)
- \_\_\_\_\_ Do not recommend
- \_\_\_\_\_ Prefer not to make a recommendation

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pastor Information**

Name \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please accept our thanks for the time and effort you have given. Your comments will receive full consideration.*

# Appalachian District of the Assemblies of God

## AYM AIM Trip

### Mature Christian Reference Form

**To be completed by Applicant (Please Print):**

Applicant's Name \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Waiver Form :

I, \_\_\_\_\_ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-3980 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**To be completed by the person referring the student:**

**If you are a relative of this applicant, this evaluation should come from another responsible person.**

**A note from AIM:** To ensure the quality of the personnel we allow to be a part of the Appalachian District AIM **Alaska 2012** Team, we need you to take a few moments of your time and carefully fill out this recommendation for the applicant named above. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. Please send the completed form directly to the AIM office, where it will be held in strict confidence. Thank you for your assistance.

1. How long have you been acquainted with the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. How well do you know the applicant? \_\_\_\_\_ slightly \_\_\_\_\_ casually \_\_\_\_\_ well \_\_\_\_\_ very well
3. Do you believe the applicant is a committed Christian? \_\_\_\_\_ If so, describe ways this person exhibits a strong, consistent Christian witness \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. To what extent is the applicant involved in your church?  
 \_\_\_\_\_ no involvement \_\_\_\_\_ slightly involved \_\_\_\_\_ involved \_\_\_\_\_ very involved
5. In what form of Christian service has the applicant been engaged? \_\_\_\_\_  
 \_\_\_\_\_
6. To your knowledge has the applicant participated in the use of alcohol, tobacco, or illegal drugs? Please explain if answer is yes.  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Is there any reason why this applicant should not be allowed to be a member of this team? If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Return to: AMBASSADORS IN MISSION**

**P.O. Box 310**

**Ghent, WV 25843**

# Mature Christian Reference Form (cont.)

How do you rate this person in the following areas?

|                                  | EXCELLENT | GOOD | FAIR | POOR | COMMENTS |
|----------------------------------|-----------|------|------|------|----------|
| Christian Life                   |           |      |      |      |          |
| Social Adaptability              |           |      |      |      |          |
| Ability to get along with others |           |      |      |      |          |
| Leadership                       |           |      |      |      |          |
| Cooperation                      |           |      |      |      |          |
| Teachableness                    |           |      |      |      |          |
| Motivation                       |           |      |      |      |          |
| Emotional Stability              |           |      |      |      |          |
| Personal Appearance              |           |      |      |      |          |
| Attitude toward authority        |           |      |      |      |          |
| Mental Ability                   |           |      |      |      |          |
| Health                           |           |      |      |      |          |

Knowing the applicant as you do, what recommendation would you make?

- Strongly recommend
- Recommend
- Recommend with reservation (may encounter some difficulty)
- Do not recommend
- Prefer not to make a recommendation

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mature Christian Information**

Name \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please accept our thanks for the time and effort you have given. Your comments will receive full consideration.*



**Jane Doe**

**AIMing for Alaska**

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Your Church Address ~ City, State Zip

(Your) Church Phone #

January 17, 2012

Dear «FirstName»,

I have been invited to participate in an Ambassadors in Missions outreach to Alaska, on July 24 - August 2, 2012. Alaska is a place with great need. Much of the population is industrialized, yet suffering through a great recession and loss of hope. Many claim to be religious, but, they don't have a personal relationship with Jesus, and their lives reflect it.

We will minister daily to hundreds of hurting people, partnering with local churches to reach out and touch various communities. We will use drama, music, children's ministry, crusades, one on one evangelism, the Jesus film distribution, public school assemblies, and servanthood, to love and minister to the people of Alaska.

This missions outreach is an incredible opportunity for me. To be granted the chance to travel to a country in such need is a privilege. I know it will change my perspective on life and make me more aware of how much God has blessed me.

In order to walk through this open door, I need some assistance. First and foremost, I need friends and family to pray for me. A person who "stays and prays" is just as important as one who goes. Secondly, I need friends and family to support me through a one-time gift or donation. My budget for this outreach is \$1,750. Every dollar you give will get me one mile closer to the hurting people of Alaska.

If you would like to help with this need, it would be greatly appreciated. Please mail the coupon with your gift in the envelope provided. I prayerfully await your decision concerning your part in this project. Thank you for taking the time to read this letter. I pray that you can be God's hand extended to the people of Alaska. If you have any questions, please feel free to contact me at "(Your) Phone #".


Thank you and God bless,

Jane Doe  
AIMing for Alaska

Your Picture  
Goes Here

(\*Re-type this letter, using your own name, etc...

**(SAMPLE FORM LETTER)**

|                          |             |                  |   |
|--------------------------|-------------|------------------|---|
| <b>Jane</b>              |             | <b>2012</b>      |  |
| Doe                      |             | <b>Alaska</b>    |   |
| <input type="checkbox"/> |             | Supporter: _____ |   |
| <input type="checkbox"/> | \$10        | Address: _____   |   |
| <input type="checkbox"/> | \$25        | _____            |   |
| <input type="checkbox"/> | \$50        | Phone #: _____   |   |
| <input type="checkbox"/> | \$75        |                  |   |
| <input type="checkbox"/> | \$100       |                  |   |
|                          | Other _____ |                  |   |

*Please make checks payable to: **Your Church Name**  
 Mail this stub with check in the enclosed envelope to:  
 Your Church AIM Dept. ~ Your Church Address ~  
 "City, State Zip" ~ All donations are tax deductible*

**This needs to be redone by you, as well. If you have any questions, please email Aaron at [appydyd@suddenlinkmail.com](mailto:appydyd@suddenlinkmail.com) or call 304.787.3916.**

**(SAMPLE FORM FUND CARD)**