

Hot Springs, AR APPY UTH June 9-16, 2019

Team: Students Currently ages 14-18

COST: \$800

FOCUS: Home missions

Type: One-on-one evangelism, group

ministry, Construction &

Maintenance projects

AYM Missions 2019 GENERAL INFO

WHO

This AYM outreach is open to students currently ages 14-18 who are active in an Appalachian Assemblies of God church or youth group.

Students who wish to apply must:

- 1. Have a heart for ministry to spread the life and love of Jesus Christ.
- 2. Be willing to serve with a good attitude.
- 3. Be respectful of authority and cooperate on all occasions.
- 4. Abide by all standards and guidelines that the leadership establishes.
- 5. Complete any training/preparation requirements.

There is limited space available for this team. Receipt of application does not guarantee acceptance. Students will be contacted after the application deadline with information regarding their acceptance.

NOTE: We must have 12-15 students apply and pay for this trip or it will potentially be cancelled.

WHAT

Since 1944 Hillcrest Children's Home has been providing Christian residential childcare for homeless, abused, abandoned, neglected, orphaned or otherwise maltreated children and youth. The campus is located in Hot Springs, AR and provides four residential programs.

Our team will be able to experience many different areas of ministry. At the Hillcrest Children's Home our main job will be to advance COMPACT's care, ministry, facilities, activities and outreach.

WHEN

There may need to be a day of training and, if so, students will meet in a location soon to be determined. Travel days will be June 9th and the 16th. Students and leaders will meet at the Network Office in Ghent, WV for departure on June 9th. Time TBA.

WHY

- 1. Because Jesus commands us to "GO!" The call is clear for all who claim to be His followers.
- 2. Because there is a great need in our world today! We need God to break our hearts for the lost and hurting. This can only happen through experience WITH the lost and hurting. An outreach will let you see, feel, and experience the heartbeat of Jesus Himself.
- 3. It will be exciting and adventurous! If you love adventure, then outreach is for you. Your faith and energy will be stretched and you will love [almost] every minute of it!
- 4. You will create memories! This is a chance for you to go with your friends and make an impact for the Kingdom of God. An outreach is something that you will NEVER forget. These memories will become unshakable pillars in your faith, establishing your foundation in Christ.
- 5. You will be changed! You will sweat, work, cry, and laugh. Your selfishness will be challenged. You will return grateful and filled with passion!

AYM Missions 2019 APPLICATION PACKET



Application Checklist:

(several pages are similar but required as we work with a number of organizations that require their own specific forms)

Application
Medical History
Participant Agreement Form (Compact)
Assumption of Risk
Insurance Election
Pastoral Recommendation
Background Check

After items have been completed, mail the entire packet to:

AYM Re: AYM Missions PO Box 310 Ghent, WV. 25843

Application Deadline and non-refundable \$200 deposit: Postmarked by March 18, 2019

STUDENT APPLICATION

INSTRUCTIONS

- Complete the application be sure to sign and date it.
- Ask your parents to complete the parental consent forms.
- Ask your Pastor and two mature Christians to complete the reference forms and return them to the AYM office by March 18, 2019. Be sure to provide them with the reference form and a self-addressed, stamped envelope.
- Return the application and all forms to the AYM office.

Namelast first				middle		_ Age
Current Address						
City			State		Zip	
Phone ()	Email (1	hat yo	u check) _			
Birthdate (mm/dd/yy)	Birthpla	ce				State
T-shirt Size (circle one – choose size for modesty)	S	M	L	XL	2XL	
FAMILY INFORMATION						
N						

Father's Name _____ middle Current Address City _____ State ____ Zip ____ ()_____ Work Phone () ______ Home Phone Email _____ Cell Phone Mother's Name _____ middle Current Address _____ ______ State _____ Zip _____ Work Phone () _____ Home Phone Cell Phone Email _____ Do you live with both parents? Yes No If no, please explain: _____ Are both of your parents active in church? Yes No Please explain: _____

EDUCATION INFORMATION Current Grade: _____ Please explain any foreign language classes you have had and how fluent you are in said language(s): Please list any awards, honors, and achievements you have received: List any special skills, abilities, or musical talents: **HEALTH INFORMATION** Are you in good physical health? If no, explain: _____ Yes No Do you have any physical handicaps? Yes No If yes, explain: Are you willing and able to eat any food you are served? If no, explain: _____ Yes No Do you have any known allergies? Yes No If yes, explain: Are you currently taking medications? If yes, please list: Yes No SPIRITUAL INFORMATION When did you commit your life to Christ? ____ Have you been baptized in water? Yes No If yes, when? _____ Have you been filled with the Spirit with the evidence of speaking in tongues? Yes No If no, what is your belief regarding that? Describe your involvement in your local church and youth ministry: Why do you want to participate in this outreach? _____ How did you learn about AYM? **EXPERIENCE INFORMATION** Have you ever participated in an outreach/missions trip before? Yes No If yes, tell us what years you participated and where you went:

REFERENCE INFORMATION

- Please fill out each section completely. The references cannot be relatives. Return this page with your application.
- The attached reference sheets should be provided to your references with a stamped envelope addressed to AYM. Your reference must come DIRECTLY from the individuals to the AYM office. The applicant is not allowed to see them.

Reference #1: Pastor or Youth Pastor		
Name of Pastor or Youth Pastor:		
How long have you known this Pastor?		
Church Name		
Address		
City	State	Zip
Church Phone ()	Church Email	
Reference #2: Mature Christian		
Name of Reference:		
How do you know this person?	F	or how long?
Address		
City		Zip
Reference #3: Mature Christian		
Name of Reference:		
How do you know this person?	F	or how long?
Address		
City		
APPLICANT STATEMENT AND SIGNAT I certify that all the above information is true and I have a understand my application will be sent to a committee for guaranteed.	answered each question com	
Furthermore, I understand that by submitting this applica	tion, I am also agreeing to the	ne following:
If accepted, I will participate in any necessary training		•
If accepted, I understand there are further application parents will need to complete.	documents directly from Co	ompact that both myself and my
If accepted, I will be sure to make all trip payments or	n or before the stated deadli	nes.
Payment Deadlines: \$200 due by M	arch 18	
\$200 due by A	pril 15	
\$200 due by M	lay 13	
\$200 due by J	une 3	
(If you have any questions or concerns t	regarding the payment sched he Network Office.)	ule please contact Adam Pelfrey at
Signature of Applicant:		Date:
Print name:		
Signature of Parent/Guardian:		Date:

Print name:

PASTORAL RECOMMENDATION FOR STUDENT

Applicant's Name:		,		
Applicant's Name: Address				
City				
Phone ()				
Email				
This section is to be completed	d by the person	who is referr	ing the stud	dent:
A Note From AYM				
The above named person is applying Assemblies of God. Your cooperation would be greatly appreciated. This is applicant will fit into our missions trip kept confidential. Please use the interest that the trip leader. (Please do not return evaluation should come from another	on in answering the information will be on the contraction will be on the contraction will be on the contraction with the contraction in the contraction in the contraction will be on the contraction in t	e following ques used in helping your candor. Pl sed stamped er nt.) If you are r	stions with the us decide whease know the nvelope to madelated to the se	e utmost frankness nether or not the at your insight will be all the form directly to applicant, this
Personal Information				
1. How long have you known the ap	plicant?			
2. How well do you know the applica	ant? slightly	casually	well	very well
3. Do you believe the applicant is a	committed Christia	an? Yes	No	Not Sure
4. To what extent is the applicant inv	volved in your chui	rch?		
no involvement slightly in	-		very involved	
			rory involved	
5. What special talents has he/she s	nown?			
6. What leadership abilities has he/s	the shown?			
7. To your knowledge, has the appli	cant participated ir	n the use of alco	ohol, tobacco,	or illegal drugs?
Yes No If yes, pleas	se explain:			
8. Do you know any reason why the	applicant would N	IOT be suitable	to participate	in a missions trip?
Yes No If yes, pleas	se explain:		· ·	

PASTORAL RECOMMENDATION CONT.

Please rate the applicant in the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life & values					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachable					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the	applicant as you do, what recommenda	ation would you	make? (Please se	elect one.)
	Strongly recommend			
	Recommend			
	Recommend with reservation			
	Do not recommend			
	Prefer not to make a recommendation			
Comments: _				
Defenses	us so uma asti a ua			
Reference I				
•			itle	
Church				
Address				
City		State	Zip	
Phone number	er ()			
	· · · · · ·			



MATURE CHRISTIAN RECOMMENDATION **FOR STUDENT**

This section is to be complete	ed by the applica	nt: (print)		
Applicant's Name:				
Address				
City	State	Zip		
Phone ()				
Email				
This section is to be complete	ed by the person	who is referri	ing the stu	dent:
A Note From AYM The above named person is applyir Assemblies of God. Your cooperativould be greatly appreciated. This applicant will fit into our missions trikept confidential. Please use the ir the trip leader. (Please do not reture evaluation should come from another.)	on in answering the information will be ip. We appreciate yncluded self-addres rn it to the participal	following quest used in helping our candor. Ple sed stamped en ht.) If you are re	ions with the us decide whease know the velope to make attentions.	utmost frankness nether or not the lat your insight will be ail the form directly to applicant, this
Personal Information				
1. How long have you known the ap	oplicant?			
2. How well do you know the applic	ant? slightly	casually	well	very well
3. Do you believe the applicant is a	committed Christia	n? Yes	No	Not Sure
4. To what extent is the applicant in no involvement slightly i5. What special talents has he/she	nvolved in		ery involved	
6. What leadership abilities has he/	she shown?			
7. To your knowledge, has the appl	licant participated in	the use of alco	hol, tobacco,	or illegal drugs?
Yes No If yes, plea	se explain:			-
8. Do you know any reason why the	e applicant would N	OT be suitable t	o participate	in a missions trip?
Yes No If yes, plea	se explain:			

MATURE CHRISTIAN RECOMMENDATION CONT.

Please rate the applicant in the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life & values					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachable					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the	applicant as you do, what recommend	lation would you	make? (Please sel	ect one.)
	Strongly recommend			
	Recommend			
	Recommend with reservation			
	Do not recommend			
	Prefer not to make a recommendation			
Comments: _				
Reference I	nformation			
Name				
			Zip	
	er ()			
Signature			Date	



MATURE CHRISTIAN RECOMMENDATION FOR STUDENT

This section is to be compl	eted by the app	licant: (prin	t)	
Applicant's Name:				
Address				
City	State	Zip		
Phone ()				
Email				
This section is to be compl	eted by the pers	son who is re	eferring the st	udent:
A Note From AYM				
The above named person is app Assemblies of God. Your coope would be greatly appreciated. T applicant will fit into our mission kept confidential. Please use th the trip leader. (Please do not r evaluation should come from an	eration in answering This information will s trip. We apprecia e included self-add eturn it to the partio	g the following be used in he ate your cando dressed stamp cipant.) If you	questions with the lping us decide was release known are related to the	he utmost frankness whether or not the that your insight will be nail the form directly to a applicant, this
Personal Information 1. How long have you known the	e applicant?			
2. How well do you know the ap	plicant? slightly	/ casua	ly well	very well
3. Do you believe the applicant	is a committed Chr	istian? Y	es No	Not Sure
To what extent is the applicar no involvement slight	nt involved in your o	church? involved	very involve	d
5. What special talents has he/s	he shown?			
6. What leadership abilities has	he/she shown?			
7. To your knowledge, has the a	ipplicant participate	ed in the use o	f alcohol, tobacc	o, or illegal drugs?
	olease explain:			
8. Do you know any reason why	the applicant wou	ld NOT be suit	able to participa	te in a missions trip?
Yes No If yes, p	olease explain:			

MATURE CHRISTIAN RECOMMENDATION CONT.

Please rate the applicant in the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life & values					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachable					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the	e applicant as you do, what recom	imendation would you i	nake? (Please s	elect one.)
	_ Strongly recommend			
	Recommend			
	Recommend with reservation			
	Do not recommend			
	Prefer not to make a recommenda	ation		
Comments:				
Reference	Information			
Name				
Church				
			Zip	
	er ()			
Cianatura			Data	

