



Greetings:

We are excited that you want to partner with Kentucky Youth Ministries on our upcoming Ambassadors in Missions (AIM) trip to Nicaragua. AIM is a ministry program designed for you to participate in world missions and reach the lost by experiencing ministry firsthand.

By participating on an AIM trip, you will get the chance to work side-by-side with missionaries on the field and directly share in their ministries. It is our prayer that through hands-on, learning, that students and adults alike will be able to apply the passion and experience of an AIM outreach to their own neighborhoods and campuses.

Your AIM price will include airfare, ground transportation, meals, trip supplies and curriculum, insurance, luggage, backpack, water bottle, 3 T-shirts, offering to missionaries, free day travel and entrance fees, and AIM Orientation weekend expenses. The only expenses not covered will be your travel and free day meals and souvenirs. Please understand that trying to estimate trip prices 10 months in advance can be somewhat difficult. A change in the trip price may occur. The estimated cost for this trip will be about \$1750.00

This trip is being hosted by King's Castle Ministries in Nicaragua. We will be involved in Children's ministry in El Salvador.

Here are the simple steps to getting accepted and processed for an AIM trip:

1. After receiving your application, fill it out and return it back to our office along with a non refundable deposit of \$100. This must be done prior to you handing out your reference forms. Upon receiving your application, deposit, and reference forms back in our office, we can begin processing your request. If accepted, you will receive an acceptance letter from our office, and you can immediately start raising your support.
2. Because of the large amounts of expenses involved in an overseas AIM trip, money is due beginning in April. We have laid out a payment schedule for you of when money is due for the trip. It is necessary to purchase airline tickets as early as April. *Once a ticket is purchased in your name, you are responsible for the full cost of the airline ticket, even if you back out of going on the trip.* The due dates for funds are as follows:
\$100 deposit with application
\$800 due April 15th, 2010
\$450 due May 15th, 2010
Balance due June 15th, 2010
3. You must immediately apply for your passport. It can take up to 2 months to receive it from the government. Passport information can be obtained at most local post offices. As soon as you receive your passport, you may contact the office to inform us of your passport number, which we need to purchase our travel insurance. This is a must have for the trip, so please do not waste time in getting your passport! If you already have your passport make sure your passport number is on the application.

If you have any questions or concerns, please feel free to contact the office. My e-mail address is kymsecretary@kyag.org.

In Christ,

Jenna Lewis
Administrative Assistant
Kentucky Youth Ministries

AIMER Application –Nicaragua 2010

Instructions

- Complete the application. (Be sure to sign and date it.)
- Ask your parents to complete the parental consent form.
- Ask your senior pastor and two mature Christians to complete the reference forms and return them to your trip leader by the designated deadline. Provide the reference form and a self-addressed, stamped envelope.
- Return the application and the parental consent form to your trip leader.

Mail in the AIMer Application along with a non refundable deposit of \$100 to AIM Nicaragua, P.O. Box 959; Crestwood, KY 40014

Personal Information

Full Legal Name _____

(last first middle)

**Name listed above MUST be the name listed on your passport. The name on your airline ticket MUST match the name on your passport! You will be responsible to purchase a new ticket if the name on this form does not match your passport.*

Passport number _____ (If you do not have your passport number yet, please leave this blank)

Current Address _____

City _____ State _____ Zip _____

Phone (____) _____ Birth date (m/d/y) _____ Age _____

Birthplace _____ State _____

Occupation _____

E-mail address _____ T-Shirt Size _____

Parents Email Address _____

Family Information

Father's name _____

(last, first)

Home address _____

City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

Mother's name _____

(last, first)

Home address _____

City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

Do you live with both parents? Yes No If no, explain. _____

Are both your parents active in church? Yes No Explain. _____

Educational Information

1. How many years of schooling have you completed? _____

2. If you speak a foreign language, how many and which one(s)? _____

How fluent? _____

3. Please list any awards, honors, and achievements _____

4. Special skills, abilities, or musical talents _____

Health Information

1. Are you in good physical health? Yes No If no, explain. _____

2. Do you have any physical handicaps? Yes No If yes, explain. _____

3. Will you be willing to eat whatever food you are served? Yes No If not, please explain. _____

4. Do you have any known allergies? Yes No If yes, explain. _____

5. Are you currently taking medications? Yes No If yes, please list. _____

Spiritual Information

1. Please check all that apply to you personally:

- Conversion (Date _____) Water baptism (Date _____)
 Baptism in the Holy Spirit (Date _____)

2. Please describe your involvement in your local church. _____

3. Why do you want to participate in an AIM outreach? _____

4. How did you learn about AIM? _____

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? _____

Reference Information

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

Senior pastor _____

Youth pastor _____

Church name _____

Address _____

City _____ State _____ Zip _____

Church E-mail address _____

How long have you known your pastors? _____ Church phone (____) _____

Mature Christian _____ Years acquainted _____

Address _____

City _____ State _____ Zip _____

Mature Christian _____ Years acquainted _____

Address _____

City _____ State _____ Zip _____

I certify that all the above information is true and I have answered each question completely and honestly. I also understand my application will be sent to a screening committee for approval and my \$100.00 application fee is nonrefundable.

Signature _____

Print name _____

Date _____

Parental signature _____

Print name _____

Relation to student _____ Date _____

Insurance Election Nicaragua

(For those under the age of 18)

I am aware of the hazards and risks to my child associated with serving in a mission's capacity, as described above. I further understand that AIM currently requires the insurance coverages summarized below, 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
- \$50,000 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

Initial _____ date _____

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently provides.
- I do desire additional insurance coverage, and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

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 #1 _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Witness signature #2 _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Insurance Election Nicaragua

(For those 18 & older)

I am aware of the hazards and risks to my person associated with serving in a mission's capacity, as described above. I further understand that AIM currently requires the insurance coverage's summarized below, that the cost of the insurance is included in 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
- \$50,000 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

Initial _____ date _____

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently provides.
- 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 _____

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 _____

Assumption of Risk

(For those 18 & older)

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that: 1. I am a volunteer worker and acknowledge that I am not an employee of AIM, National Youth Ministries of the Assemblies of God or the General Council of the Assemblies of God. 2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, 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, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service. 3. I attest and certify that I have no medical conditions that would prevent me from performing my duties. 4. Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, or any agent or employee of any of such organizations, 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, and subject to the insurance coverages described below, 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 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 its contents, and I voluntarily sign this release of my own, free act.**

Initial _____ date _____

Parental Consent Form Nicaragua

(For those 18 or younger)

Please note that this form **MUST** be Notarized and SEALED by a Notary

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

Child's name _____

Father's name _____

Mother's name _____

Child's Address _____

City _____ State _____ Zip _____

Phone () _____

Medical Questionnaire

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

Yes No If yes, explain and list any medications. _____

2. Is your child allergic to any type of medication? Yes No

If yes, explain. _____

3. Does your child medically require a special diet? Yes No

If yes, explain. _____

4. Does your child have (or has ever had) any of the following: (check all that apply and explain below)

Seizures Asthma Heart murmur

Diabetes Hay Fever Kidney disease

Other _____

Explain _____

5. Does your child have any allergies? Yes No

If yes, explain and list medications. _____

6. Has your child ever sleep walked? Yes No

7. Can your child swim? Yes No

8. Does your child have any physical condition or illness, which would prevent him/her from participating in normal, rigorous activity? Yes No If yes, explain. _____

Initial _____ Date _____

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes, which would restrict our child’s participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home phone () _____

Emergency contact name _____

Contact phone number () _____

Family doctor _____

Doctor’s phone number () _____

Child’s insurance company _____

Policy number _____

Initial _____ Date _____

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 an AIM trip during (year), 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.

I (We) do not authorize our child to participate in any of the following activities _____

Initial _____ Date _____

Insurance Election

I am aware of the hazards and risks to my child associated with serving in a mission’s capacity, as described above. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverage’s 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
• \$50,000 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

Initial _____ Date _____

Please select one of the following

- [] I do not desire any additional insurance coverage other than what AIM currently provides.
[] 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 _____

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)
_____ (signature)

My commission expires _____

(please make sure to have the notary seal and sign this page)

Pastoral Recommendation — Student (Nicaragua)

This section is to be completed by the applicant (please print):

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home phone (____) _____

This section is to be completed by the person who is referring the student and sent in separately.

A note from AIM

The above named person is applying for a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your insight will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should come from another responsible person in ministry. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____
2. How well do you know the applicant? (please check) slightly casually well very well
3. Do you believe the applicant is a committed Christian? _____
4. To what extent is the applicant involved in your church? no involvement slightly involved involved very involved
5. What special talents has he/she shown? _____
6. What leadership abilities has he/she shown? _____
7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No
 If yes, please explain. _____
8. Do you know any reason why the applicant wouldn't be suitable to participate on an AIM trip? Yes No
 If yes, please explain. _____

Please rate the applicant in the following areas.

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

Knowing the applicant as you do what recommendation would you make? (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Pastor's Information

Name _____
Church _____
Address _____
City _____ State _____ Zip _____
Position/Title _____
Phone number (____) _____
Signature _____
Date _____

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)

Mature Christian Reference — Student (Nicaragua)

This section is to be completed by the applicant (please print):

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____ Day Time Phone () _____

The following section is to be completed by the person who is referring the student and sent in separately.

A note from AIM The above-named person is applying for a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your insight will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

1. How long have you known the applicant? _____
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 If yes, please explain. _____

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

Mature Christian Reference continued (Nicaragua)

Knowing the applicant as you do what recommendation would you make? (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Reference Information

Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Day Time phone () _____

Signature _____

Date _____

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)

Mature Christian Reference — Student (Nicaragua)

This section is to be completed by the applicant (please print):

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____ Day Time Phone () _____

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Motivation					
Emotional stability					
Personal appearance					
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Attitude toward authority					

Mature Christian Reference continued (Nicaragua)

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- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Reference Information

Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Day Time phone () _____

Signature _____

Date _____

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)