



INSTRUCTIONS

GUATEMALA
ADULT

Eligibility Requirements: Adults who apply for this AIM trip must be at least 18 years of age as of July 1st, 2011. By completing and submitting this application you are agreeing to the terms of the trip, to attend all of the training camp (June 27-July 1, 2011), and to submit payments on time in accordance with the payment schedule below. Those selected for this AIM trip will be those who are involved in their local church, have a relationship with Jesus Christ, and are living their lives in a godly manner as an example that is evident to all who observe them.

- 1. Fill out the application and send in right away!** Space is limited and selections will be made on a first come, first served basis. Application Deadline – all applications should be postmarked no later than **March 4th, 2011**. It is possible that the trip may be filled before the application deadline.
- 2. Enclose a recent photo** (no photo copies please)
- 3. Apply for your passport immediately.** You should have your passport by **April 2011**. If your passport expires within 6 months after the trip, you will need to get a new passport by April 2010.
- 4. Enclose a non-refundable/non-transferable \$150 deposit with your application.** This deposit will be applied to your balance. In the event that you are accepted but choose not to accompany the AIM team, your \$150 deposit will be used to defray screening/handling costs. If you are not chosen for the team, the deposit will be refunded to you.

Mail the completed application forms, two photos, and the \$150 deposit (*made payable to "PennDel District"*) to:

Ambassadors in Mission
4651 Westport Drive
Mechanicsburg, PA 17055

5. Send your reference forms.

- Complete your contact information at the top of each reference form. Please print **very neatly**.
- The pastor's reference form must be given to your pastor and returned to our office at the address above. If you are a pastor, please have another pastor or a District official complete your Pastoral Reference form.
- The attached mature Christian reference forms must be given to 2 mature Christian friends and must be returned to our office at the address above.

Please communicate to your references that they must mail the completed forms no later than **March 4th, 2011** (postmarked). Remember, the number of people who can participate in this AIM trip is limited and to be considered you must have your **complete** application (including references) turned in before space runs out.

6. Cost: \$1,695

Payment Schedule:

- \$150 Application fee (non-refundable)
- \$600 First payment due April 1st (non-refundable)
- \$600 Second payment due May 1st (non-refundable)
- \$345 Third payment due June 1st (non-refundable)

Please make all checks payable to "PennDel District"

NOTE: Should you decide at any point to step down from the trip, or should it be discovered that due to ungodly behavior and/or attitudes you no longer meet the eligibility requirements for the trip, no moneys paid will be refunded to you.

**Additional application
packets may be
downloaded from
www.pennhelyouth.com**

- ## 7. Training Dates: June 27-July 1
- This *mandatory* training is held during the second week of Youth Camp at the Philip Bongiorno Conference Center in Carlisle, PA. The cost of this camp is included in the overall cost of the trip. You will receive more details regarding training and camp with your letter of acceptance.



2011 ADULT APPLICATION

This application is to be completed by all adults. This is to help provide a safe and secure environment for minors.

INSTRUCTIONS

1. Complete the application (be sure to sign and date). Be sure you write very clearly. **Messy applications may not be considered.** Double check the application to make sure everything has been completed before sending. It is recommended that you also keep a copy for your records.
2. Ask your Youth/Lead Pastor and two mature Christians to complete the reference forms and mail them to AIM, 4651 Westport Drive, Mechanicsburg PA 17055 postmarked by **March 4, 2011**. Provide your references with the reference form and a stamped envelope.
3. Complete the Assumption of Risk forms.
4. Return the application and the Assumption of Risk forms to AIM, 4651 Westport Drive, Mechanicsburg PA 17055 by **March 4, 2011** (*postmarked*).

PERSONAL INFORMATION

Name: _____ T-Shirt Size: _____
First Middle Last This is the size that will be used to order your team t-shirt

Address: _____ Age: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Mobile: () _____

Marital Status: _____ Is your spouse saved? _____

Occupation: _____ E-mail: _____

Have you ever been convicted of or plead guilty to a crime? Yes No *Some communications regarding the trip may be sent via email*
 If yes, please explain (you may attach a separate sheet if necessary). _____

Do you currently hold a valid US Passport? _____ What is the month and year of expiration? _____

Marital status: Single Married Divorced Widowed

CHURCH HISTORY AND PRIOR YOUTH WORK

1. Church name and address where you attend (include city and state): _____

Are you a member? Yes No

2. Church name(s) and address(es) you have attended regularly during the past five years: _____

3. Please list all previous church work involving youth (list each church's name and city/state), type of work performed, and dates (attach additional sheets if necessary). _____

4. List all previous non-church work involving youth. Please list each organization's name and address, type of work performed, and dates (attach additional sheets if necessary). _____



2011 ADULT APPLICATION

(Page 2 of 7)

HEALTH INFORMATION

1. Are you in good physical health? Yes No If no, please explain. _____
2. Do you have any physical handicaps? Yes No If yes, please explain. _____
3. Will you be willing to eat whatever food you are served? Yes No If no, please explain. _____
4. Do you have any known allergies? Yes No If yes, please explain. _____
5. Are you currently taking any medications? Yes No If yes, please list. _____

SPIRITUAL INFORMATION

1. Please check all that apply to you personally:
 Salvation (Date): _____ Water baptism (Date): _____
 Baptism in the Holy Spirit (Date): _____
2. Please describe your involvement in your local church. _____

*On a separate sheet of paper, briefly share your testimony. Include a description of your salvation experience, important moments in your walk with Christ, and where you feel God guiding you in regards to your future. (Be sure to include your name at the top of the paper)

Missions Experience Information

1. Have you ever participated in a foreign mission's trip? Yes No
2. If yes, what year(s) did you participate? _____
3. Where did you go? _____
4. Why do you want to participate in this AIM mission's trip? _____
5. How did you learn about this AIM trip? _____
6. Do you speak any foreign languages? Yes No If yes, please list and note how fluent. _____
7. Please list any special skills, abilities, musical talents, etc., you may have. _____



2011 ADULT APPLICATION

(Page 3 of 7)

REFERENCE INFORMATION

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

Lead Pastor: _____

Church Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Church Phone: () _____ How long have you known your pastors? _____

Church E-mail: _____

Mature Christian #1: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mature Christian #2: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ ZIP: _____

I certify that all of the above information is true and I have answered each question completely and honestly. I understand the eligibility requirements for this trip. I understand that should I decide not to go on the trip I will receive no refund of the moneys paid. I also understand that if I were to make decisions that out me outside of the eligibility requirements I may be dismissed from the trip and no refund given. I also understand that my application will be sent to a screening committee for and I will be notified of my acceptance or denial in writing.

Name (please print)

Signature

Date

Ambassadors in Mission

4651 Westport Drive, Mechanicsburg, PA 17055

Phone: 717.795.5921 ext. 11 ☎ Fax: 717.795.5928 ☎ E-mail: carissa@penndel.org



ADULT APPLICATION

(Page 4 of 7)

INSURANCE ELECTION

I am aware of the hazards and risks associated with serving in a mission's capacity. I further understand that AIM currently requires the insurance coverage's 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 coverage's that I consider necessary.

Brotherhood Mutual Insurance Company:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- Medical accident and sickness coverage: \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance, including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation of mortal remains

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

Initial: _____ Date: _____

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

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 for foreign trips.
- I do desire additional insurance coverage and will assume full responsibility for obtaining such coverage from a private insurance carrier at my own expense.

Initial: _____ Date: _____



ASSUMPTION OF RISK

(For those 18 years and older)

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Ambassadors in Mission (AIM) of PennDel Youth Ministries of the Pennsylvania-Delaware District 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, PennDel Youth Ministries of the Assemblies of God, or the Pennsylvania-Delaware District 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 required by AIM, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, PennDel Youth Ministries of the Assemblies of God, the Pennsylvania-Delaware District Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, any AIM Affiliates, or any agent or employee of any 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 on their behalf as their parent and legal guardian, and subject to the insurance coverages required by AIM, 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.**

Name (please print)

Signature

Date

Witness Name (please print)

Witness Signature

Date



Applicant's Name: _____

PASTORAL RECOMMENDATION

(Continued)

Please rate the applicant on the following areas:

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

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: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____

PASTOR'S INFORMATION

Church Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Church Phone: () _____ E-mail: _____

Position/Title: _____ Date: _____

Pastor's Name (please print)

Pastor's Signature

Please complete and mail both pages of this reference form by **March 4, 2011** to:

Ambassadors in Mission
 4651 Westport Drive, Mechanicsburg, PA 17055
 Phone: 717.795.5921 ext. 11 ☎ Fax: 717.795.5928 ☎ E-mail: carissa@penndel.org



MATURE CHRISTIAN REFERENCE

(1 of 2)

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

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Mobile Phone: () _____

E-mail Address: _____

This section is to be completed by the person who is referring the leader:

A NOTE FROM PENNDEL YOUTH MINISTRIES:

The above-named person is applying for a short-term mission's trip through the PennDel 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 answers will be kept confidential. Please complete this recommendation and return to the address at the bottom of this page postmarked by **March 4, 2011**. If you are related to the applicant, this evaluation should be completed by 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 one)
 not very well casually well very well
3. Do you believe the applicant is a committed Christian? Yes No
4. To what extent is the applicant involved in 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 of any reason why the applicant wouldn't be suitable to lead on an AIM trip?
 Yes No If yes, please explain. _____
9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?
 Yes No If yes, please explain. _____



MATURE CHRISTIAN REFERENCE

Applicant's Name: _____

(1 of 2)
(Continued)

Please rate the applicant on the following areas:

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

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: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____) _____

YOUR REFERENCE INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Job/Title: _____ Date: _____

Your Name (please print)

Your Signature

Please complete and mail both pages of this reference form by **March 4, 2011** to:

Ambassadors in Mission
 4651 Westport Drive, Mechanicsburg, PA 17055
 Phone: 717.795.5921 ext. 11 ☎ Fax: 717.795.5928 ☎ E-mail: carissa@penndel.org



MATURE CHRISTIAN REFERENCE

(2 of 2)

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

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Mobile Phone: () _____

E-mail Address: _____

This section is to be completed by the person who is referring the leader:

A NOTE FROM PENNDEL YOUTH MINISTRIES:

The above-named person is applying for a short-term mission's trip through the PennDel 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 answers will be kept confidential. Please complete this recommendation and return to the address at the bottom of this page postmarked by **March 4, 2011**. If you are related to the applicant, this evaluation should be completed by 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 one)
 not very well casually well very well
3. Do you believe the applicant is a committed Christian? Yes No
4. To what extent is the applicant involved in 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 of any reason why the applicant wouldn't be suitable to lead on an AIM trip?
 Yes No If yes, please explain. _____
9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?
 Yes No If yes, please explain. _____



MATURE CHRISTIAN REFERENCE

Applicant's Name: _____

(2 of 2)
(Continued)

Please rate the applicant on the following areas:

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

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: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day:
() _____

YOUR REFERENCE INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Job/Title: _____ Date: _____

Your Name (please print)

Your Signature

Please complete and mail both pages of this reference form by **March 4, 2011** to:

Ambassadors in Mission
 4651 Westport Drive, Mechanicsburg, PA 17055
 Phone: 717.795.5921 ext. 11 ☎ Fax: 717.795.5928 ☎ E-mail: carissa@penndel.org