



# INSTRUCTIONS

**ST. LUCIA**  
**ADULT**

**Eligibility Requirements:** Adults who apply for this AIM trip must be at least 18 years of age as of July 1<sup>st</sup>, 2012. By completing and submitting this application you are agreeing to the terms of the trip, to attend all of the training camp (June 25-29, 2012), 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 5<sup>th</sup>, 2012**. 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 2012**. If your passport expires within 6 months after the trip, you will need to get a new passport by April 2012.
- 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 5<sup>th</sup>, 2012** (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: \$1,995

Payment Schedule:

- \$150 Application fee (non-refundable)
- \$600 First payment due April 1<sup>st</sup> (non-refundable) and a copy of the photo page of your passport.
- \$600 Second payment due May 1<sup>st</sup> (non-refundable)
- \$645 Third payment due June 1<sup>st</sup> (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.penndelyouth.com](http://www.penndelyouth.com)**

- 7. Training Dates: June 25-29** – This *mandatory* training is held during the second week of Youth Camp at the 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.



# 2012 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 5, 2012**. 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 5, 2012** (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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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). \_\_\_\_\_



# 2012 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. \_\_\_\_\_



# 2012 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: \_\_\_\_\_



# ADULT APPLICATION

(Page 5 of 7)

## MODEL RELEASE

I, \_\_\_\_\_, do hereby give PennDel Youth Ministries, the Pennsylvania-Delaware District Council of the Assemblies of God, and any/all of their licensees and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I verify that I am the individual named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

*I have honestly and accurately completed all parts of the Leader Application Form to the best of my ability.*

## SIGNATURE OF APPLICANT

*(signature MUST BE notarized below)*

\_\_\_\_\_  
Name (please print) Signature Date

### AUTHORIZATION OF NOTARY PUBLIC

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

On \_\_\_\_\_, of 20\_\_\_\_\_, before me, \_\_\_\_\_, a Notary  
(Notary's Name)

Public in and for said county, personally appeared \_\_\_\_\_,  
(Subscribing Witness)

known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: \_\_\_\_\_

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

(Affix Notary Stamp Here)

*Ambassadors in Mission*

*4651 Westport Drive, Mechanicsburg, PA 17055*

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



# 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



# PASTORAL RECOMMENDATION

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

Name:

First

Middle

Last

Address:

City:

State:

ZIP:

Home Phone: ( )

Mobile Phone: ( )

E-mail Address:

***This section is to be completed by the pastor 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 5, 2012**. 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**

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant? (please check one)  
 not very well       casually       well       very well
- Do you believe the applicant is a committed Christian?       Yes       No
- To what extent is the applicant involved in your church?  
 no involvement       slightly involved       involved       very involved
- What special talents has he/she shown? \_\_\_\_\_
- What leadership abilities has he/she shown? \_\_\_\_\_
- To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?  Yes       No      If yes, please explain. \_\_\_\_\_
- 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. \_\_\_\_\_
- To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?  
 Yes       No      If yes, please explain. \_\_\_\_\_

*Ambassadors in Mission*

*4651 Westport Drive, Mechanicsburg, PA 17055*

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



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 5, 2012** 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:**

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## **PERSONAL INFORMATION**

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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 5, 2012** 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:***

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 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 5, 2012** 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