



# INSTRUCTIONS

**Eligibility Requirements:** Students who apply for this AIM trip must be at least 16 years of age as of July 1<sup>st</sup>, 2012. By completing and submitting this application a student is 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. Students 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 and airfare deposit costs. In the event that you are not chosen for the team, the deposit will be refunded to you.

Mail the completed application forms, photo, 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.
  - 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 students 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, the moneys paid cannot 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 STUDENT APPLICATION

## INSTRUCTIONS:

1. Complete the application in blue or black ink (*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 parents to complete the parental consent form.
3. 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.
4. Return the completed application and the parental consent form 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ DOB (m/d/y): \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_ State: \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you currently hold a valid US Passport? \_\_\_\_\_ What is the month and year of expiration? \_\_\_\_\_  
Some communications regarding the trip may be sent via email

## FAMILY INFORMATION

Father's name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Some communications regarding the trip may be sent via email

Do you live with both parents?  Yes  No

If no, who is your primary guardian? \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

# 2012 STUDENT APPLICATION

(Page 2 of 3)

## EDUCATIONAL INFORMATION

1. What grade are you currently in? \_\_\_\_\_
2. Do you speak any foreign languages?  Yes  No If yes, please list and note how fluent.  
\_\_\_\_\_
3. Please list any awards, honors, or achievements you have received. \_\_\_\_\_
4. Please list any special skills, abilities, musical talents, etc., you may have. \_\_\_\_\_

## 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*)



Applicant's Name: \_\_\_\_\_

# 2012 STUDENT APPLICATION

(Page 3 of 3)

## 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? \_\_\_\_\_

## REFERENCE INFORMATION

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

Lead Pastor: \_\_\_\_\_

Youth 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.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

Relation to student: \_\_\_\_\_ 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



# PARENTAL CONSENT FORM

*For those under the age of 18 – Page 1 of 4*

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 team leader in providing for the safety of minors during the trip.

Child's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

*Some communications regarding the trip may be sent via email*

## 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, please explain and list any medications. \_\_\_\_\_

2. Is your child allergic to any type of medication?  Yes  No If yes, please explain. \_\_\_\_\_

3. Does your child medically require a special diet?  Yes  No If yes, please explain. \_\_\_\_\_

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

Seizures  Asthma  Heart Murmur

Diabetes  Hay Fever  Kidney Disease

Other: \_\_\_\_\_

Explain: \_\_\_\_\_

5. Does your child have any allergies?  Yes  No If yes, please explain and list medications. \_\_\_\_\_

6. Does your child sleep walk?  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, please explain. \_\_\_\_\_

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

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4651 Westport Drive, Mechanicsburg, PA 17055

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Applicant's Name: \_\_\_\_\_

# PARENTAL CONSENT FORM

*Continued - Page 2 of 4*

## MEDICAL TREATMENT AUTHORIZATION

I understand that we will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I 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. I understand that neither the PennDel Youth Ministries, nor any of their agents, employees, or volunteers, will be responsible for medical expenses incurred on the basis of this authorization.

I agree to notify the PennDel Youth Ministries office in the event of any health changes which would restrict my child's participation in any activities. I 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: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Work: ( ) \_\_\_\_\_ Mother's Work: ( ) \_\_\_\_\_

Father's Cell: ( ) \_\_\_\_\_ Mother's Cell: ( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number(s): ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Child's Insurance Company: \_\_\_\_\_

Child's Ins. 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 to St. Lucia during 2012 including swimming, boating, hiking, sports events, construction, 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: \_\_\_\_\_

## 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 child's 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 parent/guardian of the minor 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: \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

# PARENTAL CONSENT FORM

*Continued - Page 3 of 4*

## INSURANCE ELECTION

I am aware of the hazards and risks to my child associated with serving in a missions 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: \_\_\_\_\_

### 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 our expense.

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

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Applicant's Name: \_\_\_\_\_

# PARENTAL CONSENT FORM

—Authorization for Foreign Travel with a Minor—

Page 4 of 4

**INSTRUCTIONS:** Complete the following information and signatures in the presence of a notary.

## CONSENT, CERTIFICATION, AND AUTHORIZATION

*(signatures must be notarized below)*

I do hereby grant full authorization and consent for my child, \_\_\_\_\_ to travel outside of the United States of America with PennDel AIM. I have approved the travel plans to St. Lucia.

I authorize The staff of the PennDel District to make any changes whatsoever to the travel plans specified above. Under penalty of perjury under the laws of the state of Pennsylvania, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

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

_____ Parent/Guardian Signature #1	_____ Date	_____ Parent/Guardian Signature #2	_____ Date
_____ Parent/Guardian Name (please print)		_____ Parent/Guardian Name (please print)	
_____ Address		_____ Address	
_____ City, State, ZIP		_____ City, State, ZIP	
_____ Phone Number		_____ Phone Number	

### AUTHORIZATION OF NOTARY PUBLIC

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

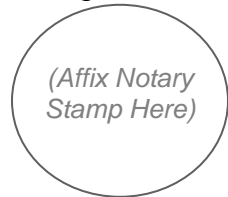
On \_\_\_\_\_, of 20\_\_\_\_\_, before me, \_\_\_\_\_, a Notary  
(Notary's Name)

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: \_\_\_\_\_







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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 Pastoral 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: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Mobile Phone: (     ) \_\_\_\_\_

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

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

## **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**

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 participate on an AIM trip?  
 Yes       No      If yes, please explain. \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

# MATURE CHRISTIAN REFERENCE

(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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTACT INFORMATION

Your Name (please print very neatly): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Mobile Phone: (    ) \_\_\_\_\_

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

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

### A NOTE FROM PENNDEL YOUTH MINISTRIES:

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## 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 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 participate on an AIM trip?  
 Yes     No    If yes, please explain. \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

# MATURE CHRISTIAN REFERENCE

(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: \_\_\_\_\_

## CONTACT INFORMATION

Your Name (please print very neatly): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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