



NEW YORK CITY 2024 STATESIDE AIM

****LEADER****

**APPLICATION
PACKET**

AIM 2024 STATESIDE LEADER APPLICATION CHECKLIST



- Leader Application (Leader application must be notarized)
- Assumption of Risk Form if over age 18
- Two Mature Christian Reference Forms and one Pastoral Recommendation Form emailed or mailed directly to the District Office by those individuals (Applications cannot be processed without these.)
- \$100 deposit (Make checks payable to Alabama Youth Ministries.)

Payment Schedule:

\$100 non-refundable deposit due with application

\$300, January 31

\$300, March 31

\$300, April 30

\$300, July 1



Leader Application

This application is to be completed by all applicants for any volunteer position involving supervision or custody of minors. This is to help provide a safe and secure environment for minors.

Instructions

- Complete the application (be sure to sign and date).
- Ask your senior pastor and two other 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.
- Complete the Assumption of Risk forms.
- Return the application and the Assumption of Risk forms to the trip leader.

Personal Information

Name: _____ Male or Female _____ Shirt Size: _____
(Last, First, Middle) Name you prefer to be called _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Mobile: () _____

Occupation: _____ E-mail: _____

Have you ever been convicted of or plead guilty to a crime? ☐ Yes ☐ No If yes, please explain (you may attach a separate sheet if necessary). _____

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). _____



Leader Application

(continued)

Insurance Election

I am aware of the hazards and risks associated with serving in a missions capacity. 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.

Foreign Trips-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: _____

Stateside Trips-Special Markets Insurance Consultants, Inc.

- \$10,000 Accident Medical Maximum
- \$5,000 Sickness Medical Maximum
- \$2,500 Accidental Dental and Physical Therapy Maximum
- \$25,000 Accidental Death Benefit
- \$25,000 Accident Coma or Paralysis Benefit
- \$10,000 Medical Evacuation
- \$5,000 Repatriation
- \$5,000 Return of Remains

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

Please select one of the following:

D I do not desire any additional insurance coverage other than what AIM currently requires through Brotherhood Mutual Insurance Company for foreign trips and through Special Markets Insurance Consultants, Inc., for stateside trips.

D 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: _____

Ambassadors in Mission (AIM)

Leader Application (continued)



BACKGROUND CHECK

-47 States-

(Please see separate forms for California, Oklahoma, and Minnesota.)

AUTHORIZATION

During the application process and at any time during the tenure of my service with Ambassadors in Mission, I hereby authorize ChoicePoint Services Inc., on behalf of Ambassadors in Mission, to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Full Name (please print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ County: _____

Applicant Signature

Date

Applicant Social Security Number

Applicant Date of Birth (mmddyyyy)

BACKGROUND VERIFICATION DISCLOSURE

This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating your for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private records.

Ambassadors in Mission (AIM)



SI aim@ag.org

\ (417)862-2781 ext. 40291

ft The General Council of
T the Assemblies of God
1445 N. Boonville Ave.
Springfield, MO 65802

Authorization For Release of Protected Information

I authorize each of the following entities to provide certain protected information to General Council of the Assemblies of God: any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator.

I authorize the above entities to provide the General Council of the Assemblies of God the following information: any and all information relating to my health, including but not limited to medical and dental records, medical consultations, treatments, or surgeries; psychiatric or psychological care; use of drugs or alcohol; drug prescriptions; communicable diseases, including HIV/AIDS; and financial and employment related information.

I understand that any information obtained by the General Council of the Assemblies will be used to determine eligibility under one of the General Councils of the Assemblies of God insurance policies.

I understand that information disclosed under this Authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.

I understand that I or my authorized representative may request a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that this Authorization is valid for 12 months or the duration of any claim for benefits under the Policy, but in no event longer than 24 months.

I understand that I or my authorized representative may revoke this Authorization at any time by providing written notification to the General Council of the Assemblies of God at 1445 N. Boonville, Springfield, MO 65802. Such revocation shall not have any effect on actions that the Companies took in reliance on the Authorization prior to its revocation.

I understand that the signing of this Authorization is voluntary. However, I also understand that if I do not sign this Authorization, the General Council of the Assemblies of God may not be able to obtain information necessary to consider my claim for benefits.

Printed Name:

Signature of Insured/Member or Authorized Representative:

Date:



ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT

Domestic Travel

What an honor it is to have you volunteer for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God. We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to Assemblies of God. Your application cannot be processed without the proper signatures on this form.

Participant Information

(Please Print Legibly)

Name of Participant: _____

Email: _____

Address: _____

Telephone: _____

Name of Emergency Contact: _____

Daytime Phone: _____

Evening Phone: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

(Airline flights have not yet been finalized - info will be updated when available) Leave for NYC

Monday, July 15, 2024 - Leave from NYC Saturday, July 20, 2024

Bus will take to and from airport either Sunday PM or Monday AM Subway and van will be used in NYC

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

Working in Soup Kitchen, Street Outreach, Children's Ministry, Friendship Evangelism, Homeless Compassion Ministry, Warehouse Service Project, Prayer Station, Prayer Walk

Dates and Locations of Activities:

July 15-20, 2024 in and around New York City

I, _____ IN CONSIDERATION of my acceptance as a volunteer on this missionary trip in cooperation with the Assemblies of God, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. Status. I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of the General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.

2. Risks of travel. 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 being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I also acknowledge that in working, living and traveling in cities, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand and agree that if, during my participation in the above-described activities, the travel leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the travel leader may contact the person whose name I have provided as my "emergency contact." I understand that the travel leader ordinarily will not initiate such contact without first having a discussion with me.

3. GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT

LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

4. Insurance Election - I am aware of the hazards and risks to myself associated with serving in a mission's capacity. I further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Mission Assure U.S. Travel / Special Events / Camps / Short Term Travel



The General Council of the Assemblies of God is making a variety of travel insurance benefits available for you while participating in events sponsored and supervised by The General Council of the Assemblies of God. Below is a brief overview of the travel insurance benefits being offered and contact information in the event of an emergency.

Who is eligible for coverage?

Class 1-Members of the Participating Organization engaged in a volunteer activity on or off premises, or sponsored activities off premises within the United States

What is covered?

Accidental Death & Dismemberment Benefits:

If, within 365 days of a covered accident, injury results in any one of the losses shown, the benefit amount shown opposite the loss will be paid. If multiple losses occur, only one benefit amount-the largest- will be paid for all losses due to the same accident.

Principal Sum

Class 1-\$10,000

Additional Accident Benefits:

Coma- 1% of Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum.

Covered Loss	Benefit Amount
Life, Two or more members, Loss of use of Four Limbs	100% of the Principal Sum
Loss of use of Three Limbs	75% of the principal sum
Loss of use of Two Limbs	67% of the Principal Sum
One Member / Loss of use of One Limb	50% of the Principal Sum
Thumb and Index finger of Same Hand	25% of the Principal Sum

Accident Medical Expense Benefits:

If, within 60 days of a covered accident, injury results, we will pay up to your selected benefit maximum for covered expenses. Applies only if you are traveling inside your home country.

Class 1- \$25,000

Sickness Expense Benefits:

We will pay up to your selected benefit maximum for medically necessary expenses incurred for hospital and medical care, treatment or services within 90 days of a covered sickness.

Class 1- \$2,500

We will pay benefits for covered expenses incurred within the Benefit Period as the result of Sickness when the covered person is participating in scheduled, supervised, and sponsored activities by you, including direct travel to and from such covered activities.

Additional Benefits	Benefit Maximums
Family Reunion	\$2,500
Emergency Medical Benefits	\$10,000
Emergency Medical Evacuation	100% of covered expenses
Reparation of Remains	100% of covered expenses
Aggregate Limit	\$1,000,000 Per Covered Accident

We will not pay benefits for any loss or injury that is caused by, or results from:

- Intentionally self-inflicted injury, while sane, (Applicable to Accidental Death and Dismemberment Benefit only)
- Suicide or attempted suicide, (Applicable to Accidental Death and Dismemberment Benefit only)
- War or any act of war, whether declared or not,
- A covered accident that occurs while on active duty service in the military, naval, or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food,
- Piloting or serving as a crewmember in any aircraft (except as provided by this proposal),
- Commission of, or attempt to commit, a felony,
- Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations, or prescriptions for them,
- Travel or activity outside the United States,
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline,
- Commission of or active participation in a riot or insurrection,
- Injury paid by Workers' Compensation, Employer's Liability Laws, or similar occupational benefits,
- Injury or loss contributed to the use of any drugs or narcotic, except as prescribed by a doctor.

We will not pay Sickness Benefits for any loss, treatment, services or supplies resulting from, or contributed to by:

- Immunizations, services and supplies related to immunizations,
- Acupuncture, allergy, including allergy testing, or alopecia,
- Non-malignant warts, moles, lesions or acne,
- Care of corns and bunions,
- Sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation,
- Submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis,
- Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore radial keratotomy/Lasik surgery is not covered,

- Voluntary or elective abortion,
- Congenital birth defects,
- Elective treatment or elective surgery
- Routine physical examinations and dental care.

In addition to the general exclusions, we will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from or contributed to by:

- Treatment by persons you employ or retain or by any immediate family member or member of the covered person's household.
- Treatment of sickness, disease, or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood Schlatter disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in this proposal), whether or not caused by a covered accident.
- Pregnancy, childbirth, miscarriage, abortion, or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in this proposal).
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment (except as specifically covered by this proposal).
- Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by this proposal).
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits or while engaging in activity for monetary gain from sources other than you.
- Injury or loss contributed to using drugs unless administered by a doctor.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Important Notice

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered. Complete details may be found in the policies on file at AGFinancial's office in Springfield, Missouri. Insurance Benefits are underwritten by ACE American Insurance Company. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

5. Minor children. In the event that I have minor children who will accompany me on my assignment, I take full responsibility for their supervision and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, 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. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
8. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

signature of participant

printed name of participant

witness signature

date witnessed



Pastoral Recommendation

-LEADER-

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 pastor who is referring the student:

A note from AIM:

The above-named person is applying for a short-term missions 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 answers 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 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 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 of any reason why the applicant wouldn't be suitable to participate on an AIM trip?

☐ Yes ☐ No If yes, please explain. _____

(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): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Your Signature

Date

email to: dydsec@amnag.org or mail
to:

AYM

5919 Carmichael Road
Montgomery, AL 36117

Ambassadors in Mission (AIM)



Mature Christian Reference **-STUDENT-**

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 student:

A note from AIM:

The above-named person is applying for a short-term missions 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 answers 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 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. _____



Mature Christian Reference

Ambassadors in Mission (AIM)

(continued)

Please rate the applicant on the following 2 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:					

K Nowing 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): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone:   _____ E-mail: _____

Your Signature

Date

email to: dydsec@amnag.org or mail
to:
AYM

5919 Carmichael Road
Montgomery, AL 36117

Ambassadors in Mission (AM)



Mature Christian Reference **-STUDENT-**

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 student:

A note from AIM:

The above-named person is applying for a short-term missions 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 answers 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 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. _____



Mature Christian Reference

Ambassadors in Mission (AIM)

{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): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ E-mail: _____

Your Signature

Date

email to: dydsec@amnag.org or mail
to:

AYM

5919 Carmichael Road
Montgomery, AL 36117

Ambassadors in Mission (AIM)