



NEW YORK CITY 2024 STATESIDE AIM

****STUDENT****

APPLICATION PACKET

AIM 2024 STATESIDE STUDENT APPLICATION CHECKLIST



- Student Application
- Parental Consent Forms if under age 18 (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

2024 STATESIDE AIM

trip to

NEW YORK CITY

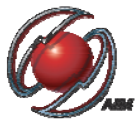
To work in conjunction with

New York School of Urban Ministry

**Packet has both Parental Release Form
and Assumption of Risk Form**

**If student is under age 18,
Parental Release Form should be filled out.**

**If student is age 18 or over,
Assumption of Risk Form should be filled out.
(student does not need both)**



Student Application

Instructions

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

Personal Information

Name: _____ (Last, First, Middle) Male or Female _____ Shirt Size: _____
Address: _____ Name you prefer to be called? _____
City: _____ State: _____ ZIP: _____
Phone: () _____ DOB (m/d/y): _____ Age: _____
Birthplace: _____ State: _____
Occupation: _____
Mobile Phone: () _____ E-mail: _____

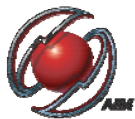
Family Information

Father's name: _____ (Last, First)
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: () _____ Work Phone: () _____
Mobile Phone: () _____ E-mail: _____

Mother's name: _____ (Last, First)
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: () _____ Work Phone: () _____
Mobile Phone: () _____ E-mail: _____

Do you live with both parents? ☐ Yes ☐ No

If no, who is your primary guardian? _____



Student Application

(continued)

Educational Information

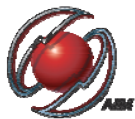
1. How many years of schooling have you completed? _____
2. Do you speak any foreign languages? ☐ Yes ☐ No If yes, please list and note how fluent. _____
3. Please list any awards, honors, or achievements you have received. _____
4. Please list any special skills, abilities, musical talents, etc., you 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. _____
3. Why do you want to participate in an AIM outreach? _____
4. How did you learn about AIM? _____
5. Do you have Fine Arts or Drama Ministry experience? if so, what? _____



Student Application

(continued)

AIM Experience Information

1. Have you ever participated in an AIM outreach? ☐ Yes ☐ No

2. If yes, what year(s) did you participate? _____

3. Where did you go? _____

Reference Information

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

Senior Pastor: _____

Youth Pastor: _____

Church Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Church 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 also understand that my application will be sent to a screening committee for approval and any applicable fee is non-refundable.

Student name (please print)

Student signature

Parent/guardian name (please print)

Parent/guardian signature

Relation to student: _____ Date: _____

Ambassadors in Mission (AIM)



PARENTAL CONSENT AND AUTHORIZATION
For Minors under the Age of 18
Domestic Travel

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Father's Name: _____ Father's Email: _____
 Address is the same as Child's (skip to phone information)

Father's Address: _____ City, State, Zip: _____

Father's Phone Numbers – Home: _____ Work: _____ Cell: _____

Mother's Name: _____ Mother's Email: _____
 Address is the same as Child's (skip to phone information)

Mother's Address: _____ City, State, Zip: _____

Mother's Phone Numbers – Home: _____ Work: _____ Cell: _____

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

Medical Information:

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have any physical condition or illness that would prevent him or her from participating on this mission trip? No Yes (explain)

Does your Child have (or ever had) any medical condition that could require special attention?

Are there any activities that you would not want your Child to participate in? No Yes (explain)

I approve the following travel plans:

Dates of Travel: _____ Team Confirmation # (if applicable): _____

Destinations/

City and State _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Church: _____ Church Location: _____

Medical Treatment Authorization

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions,

liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

Policy Requirements for Minors

Guidelines for minors have been established by The General Council of the Assemblies of God and are taken from U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Mission Assure. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by GC to the destination noted above, including, but not limited to, all of the activities customarily associated with a GC trip unless noted above.

1. Status. I/We hereby certify that the Child is physically fit and adequately trained to participate in a mission trip. I/We further certify that the Child has followed and is following all procedures (vaccinations, immunizations, shots, serums, medications, etc.) recommended by our family doctor.
2. Risks of travel. I/We am/are aware of the hazards and risks to the Child's 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 the Child may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them on behalf of the Child knowingly and willingly. I/We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I/We also acknowledge that in working, living and traveling in cities, the Child 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 he or she is accustomed. I/We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft. I/We acknowledge that GC recommends that the never travel alone, particularly at night. Being alone, especially at night, may present additional danger to the Child's safety and well-being.

I understand and agree that if, during the Child's participation in the above-described activities, GC learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then GC may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assemblies of God missionary in charge.

4. **GENERAL RELEASE AND ASSUMPTION OF RISK:**

KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS 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 OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR CHILD'S 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.

5. I/We 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/us enforceable against me/us in accordance with its terms.
6. 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.
7. I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

Photograph & Video Release Form

I/We hereby grant GC permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I/we waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that GC may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I/We acknowledge that I/we have completely read and fully understand the above release and agree to be bound thereby. I/we hereby release, defend, hold harmless and indemnify GC from any and all claims for utilizing this material.

Insurance Election

I/We am/are aware of the hazards and risks to the Child associated with serving in a mission's capacity. I/We 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/we am/are responsible for obtaining any additional insurance coverages that I/we 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.

Temporary Guardianship

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form in the presence of a notary public.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to _____ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I/We 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.

We attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name: _____

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Signature

Date

Temporary Guardian's Signature (if applicable)

Date

Certificate of Acknowledgement of Notary Public

STATE OF _____

COUNTY OF _____

Acknowledged before me on _____

(date)

By _____

(parental/legal guardian)

And _____

(parent/legal guardian)

And _____

(temporary guardian if applicable)

Signature of Notarial Officer

Notary Public for the State of _____

My commission expires: _____



ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT
Domestic Travel
FOR STUDENTS 18+

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.

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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.

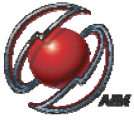
I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating 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

—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 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

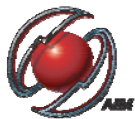
5. What special talents has he/she shown? _____

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. _____



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

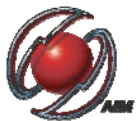
email to: dydsec@amnag.org

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:

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4. To what extent is the applicant involved in church?

☐ no involvement ☐ slightly involved ☐ involved ☐ very involved

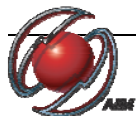
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8. Do you know of any reason why the applicant wouldn't be suitable to participate on an AIM trip?

☐ 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

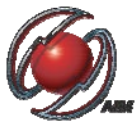
email to: dydsec@amnag.org

or mail to:

AYM

5919 Carmichael Road
Montgomery, AL 36117

Ambassadors in Mission (AIM)



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:

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4. To what extent is the applicant involved in church?

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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:

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5919 Carmichael Road
Montgomery, AL 36117

Ambassadors in Mission (AIM)