



Greetings:

We are excited that you want to partner with Kentucky Youth Ministries on our upcoming Ambassadors in Missions (AIM) trip to Cork, Ireland.. AIM is a ministry program designed for you to participate in world missions and reach the lost by experiencing ministry firsthand.

By participating on an AIM trip, you will get the chance to work side-by-side with missionaries on the field and directly share in their ministries. It is our prayer that through hands-on, learning, that students and adults alike will be able to apply the passion and experience of an AIM outreach to their own neighborhoods and campuses.

You AIM price will include airfare, ground transportation, meals, trip supplies and curriculum, insurance, luggage, back pack, water bottle, 3 T-shirts, offering to missionaries, free day travel and entrance fees, and AIM Orientation weekend expenses. The only expenses not covered will be your travel and free day meals and souvenirs. Please understand that trying to estimate trip prices 10 months in advance can be somewhat difficult. A change in the trip price may occur. The price for this year's trip will be around \$1700. We will know the exact price in February.

This trip is being hosted by Assemblies of God missionaries John and Crista Bailey. We will partner with them to do children's ministry, street evangelism, neighborhood outreaches, and other ministry in Cork, Ireland.

Here are the simple steps to getting accepted and processed for an AIM trip:

1. After receiving your application, fill it out and return it back to our office along with a non refundable deposit of \$100. If you do not have a passport, please turn in your application and if accepted you can apply for your passport. This must be done prior to you handing out your reference forms. Upon receiving your application, deposit, and reference forms back in our office, we can begin processing your request. If accepted, you will receive an acceptance letter from our office, and you can immediately start raising your support.
2. Because of the large amounts of expenses involved in an overseas AIM trip, money is due beginning in January. We have laid out a payment schedule for you of when money is due for the trip. It is necessary to purchase airline tickets as early as January.. *Once a ticket is purchased in your name, you are responsible for the full cost of the airline ticket, even if you back out of going on the trip.* The due dates for funds are as follows:
\$100 deposit with application
\$800 due January 15th, 2010
\$450 due February 16th, 2010
Balance due March 16th, 2010
3. You must immediately apply for your passport. It can take up to 2 months to receive it from the government. Passport information can be obtained at most local post offices. As soon as you receive your passport, you may contact the office to inform us of your passport number, which we need to purchase or travel insurance. This is a must have for the trip, so please do not waste time in getting your passport! If you already have your passport make sure your passport number is one the application.

If you have any questions or concerns, please feel free to contact the office. My e-mail address is kymsecretary@kyag.org. Mail your completed application to Kentucky Youth Ministries; P.O. Box 959, Crestwood, KY 40014.

In Christ,

Jenna Lewis
Administrative Assistant

AIM 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 it.)
 - Ask your senior pastor and two other mature Christians to complete the reference forms and return them to the trip leader by the designated date. 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.
- Mail in AIM Leader Application along with a non-refundable \$100 deposit.

Personal Information

Full Legal Name _____
(last, first, middle)

***Name listed above MUST be the name listed on your passport. The name on your airline ticket MUST match the name on your passport! You will be responsible to purchase a new ticket if the name on this form does not match your passport.**

Passport number _____ (If you do not have your passport number yet, please leave this blank)

Current Address _____

City _____ State _____ Zip _____

Phone (____) _____ Birth date (m/d/y) _____ Age _____

Birthplace _____ State _____

Occupation _____ Work phone (____) _____

E-mail address _____ **T-Shirt Size** _____

Have you ever been convicted of or pleaded guilty to a crime? Yes No

If yes, please explain. (Attach a separate sheet, if necessary.) _____

Family Information

Are you married? _____ Spouse's name: _____
(last, first)

Do you have children? _____ If so, how many and what's their ages? _____

Does your family support your decision to participate with this AIM trip? _____

Educational Information

1. How many years of schooling have you completed? _____

2. If you speak a foreign language, how many and which one(s)? _____

How fluent? _____

3. Please list any awards, honors, and achievements _____

4. Special skills, abilities, or musical talents _____

Health Information

1. Are you in good physical health? Yes No If no, explain. _____

2. Do you have any physical handicaps? Yes No If yes, explain. _____

3. Will you be willing to eat whatever food you are served? Yes No If not, please explain. _____

4. Do you have any known allergies? Yes No If yes, explain. _____

5. Are you currently taking medications? Yes No If yes, please list. _____

AIM Leader Application continued

Spiritual Information, Church History and Prior Youth Work

1. Please check all that apply to you personally:

- Conversion (Date _____) Water baptism (Date _____)
 Baptism in the Holy Spirit (Date _____)

2. Church name and address (include city and state) where you attend.

Are you a member? Yes No

3. Please describe your involvement in your local church. _____

4. Church name(s) and address(es) (include city and state) you have attended regularly during the past five years:

5. 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.) _____

AIM Experience Information

1. Why do you want to participate in an AIM outreach? _____

2. How did you learn about AIM? _____

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

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

5. Where did you go? _____

Signature _____

Print name _____

Date _____

Medical Information and Release Form for Leaders

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____

Medical Questionnaire

1. Are you presently being treated for an injury or sickness or taking any form of medication for any reason?
 Yes No If yes, explain and list any medications. _____

2. Are you allergic to any type of medication? Yes No
If yes, explain. _____

3. Do you medically require a special diet? Yes No
If yes, explain. _____

4. Do you have (or ever had) any of the following: (check all that apply and explain below)
 Seizures Asthma Heart murmur
 Diabetes Hay Fever Kidney disease
 Other _____
Explain _____

5. Do you have any allergies? Yes No
If yes, explain and list medications. _____

6. Do you have any physical condition or illness, which would prevent you from participating in normal, rigorous activity?
 Yes No If yes, explain. _____

Medical Treatment Authorization

I understand that in case of emergency, the person listed below will be notified. I authorize the calling of a doctor and the providing of necessary medical services in the event I am injured or become ill,,. I authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on my behalf should I be unable to make a decision, and if it is required by law or a health care provider. I understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

Emergency contact name _____
Contact phone number () _____
Family doctor _____
Doctor's phone number () _____
Your insurance company _____
Policy number _____

Signature of Leader

Date

Reference Information

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

Senior pastor _____

Youth pastor _____

Church name _____

Address _____

City _____ State _____ Zip _____

Church E-mail address _____

How long have you known your pastors? _____ Church phone (____) _____

Mature Christian _____ Years acquainted _____

Address _____

City _____ State _____ Zip _____

Mature Christian _____ Years acquainted _____

Address _____

City _____ State _____ Zip _____

I certify that all the above information is true and I have answered each question completely and honestly. I also understand my application will be sent to a screening committee for approval and my \$100.00 application fee is nonrefundable.

Signature _____

Print name _____

Date _____

Thank you for completing this application form and for your interest in working in a volunteer ministry position.

Assumption of Risk

(For those 18 years and older)

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that: 1. I am a volunteer worker and acknowledge that I am not an employee of AIM, National Youth Ministries of the Assemblies of God or the General Council of the Assemblies of God. 2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service. 3. I attest and certify that I have no medical conditions that would prevent me from performing my duties. 4. Subject to insurance coverage described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment. 5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above. 6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms. 7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.**

Initial _____ date _____

Medical Information and Release Form for Leaders

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____

Medical Questionnaire

1. Are you presently being treated for an injury or sickness or taking any form of medication for any reason?
 Yes No If yes, explain and list any medications. _____

2. Are you allergic to any type of medication? Yes No
If yes, explain. _____

3. Do you medically require a special diet? Yes No
If yes, explain. _____

4. Do you have (or ever had) any of the following: (check all that apply and explain below)
 Seizures Asthma Heart murmur
 Diabetes Hay Fever Kidney disease
 Other _____
Explain _____

5. Do you have any allergies? Yes No
If yes, explain and list medications. _____

6. Do you have any physical condition or illness, which would prevent you from participating in normal, rigorous activity?
 Yes No If yes, explain. _____

Medical Treatment Authorization

I understand that in case of emergency, the person listed below will be notified. I authorize the calling of a doctor and the providing of necessary medical services in the event I am injured or become ill,, I authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on my behalf should I be unable to make a decision, and if it is required by law or a health care provider. I understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

Emergency contact name _____
Contact phone number () _____
Family doctor _____
Doctor's phone number () _____
Your insurance company _____
Policy number _____

Signature of Leader

Date

Insurance Election

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included in the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker' compensation coverage
- \$50,000 per person accidental medical and sickness coverage
- \$250,000 per policy year medical assistance including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation or mortal remains

Initial _____ date _____

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently provides.
- 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 _____

Signature _____
Print name _____
Date _____

IMPORTANT: Please have two witnesses observe your signature(s), and sign below. They must be at least 18, and must not be relatives.

Witness signature _____
Print name _____
Date _____
Address _____
City _____ State _____ Zip _____

Witness signature _____
Print name _____
Date _____
Address _____
City _____ State _____ Zip _____

Pastoral Recommendation — Leader

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

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home phone () _____

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

A note from AIM

The above-named person is applying to help lead a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. 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 insight 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 come from another responsible person. Thank you for your assistance.

Personal Information

- How long have you known the applicant? _____
- How well do you know the applicant? (please check) no involvement slightly involved involved very involved
- Do you believe the applicant is a committed Christian? _____
- To what extent is the applicant involved in your church? no involvement slightly involved involved very involved
- What special talents has he/she shown? _____

- What leadership abilities has he/she shown? _____

- To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No
 If yes, please explain. _____

- Do you feel the applicant is emotionally qualified for an AIM trip? Yes No
- To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Please rate the applicant in the following areas.

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

Knowing the applicant as you do, what recommendation would you make? (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Please choose one of the following

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

Pastor's Information

Name _____
Church _____
Address _____
City _____ State _____ Zip _____
Position/Title _____
Phone number () _____
Signature _____
Date _____

(Please mail to: Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)

Mature Christian Reference — Leader

This section is to be completed by the applicant

(please print):

Name _____

Address _____

City _____ State _____ Zip _____

Home phone () _____

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

A note from AIM

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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 come from another responsible person. Thank you for your assistance.

Personal Information

- How long have you known the applicant? _____
- How well do you know the applicant? (please check) no involvement slightly involved involved very involved
- Do you believe the applicant is a committed Christian? Yes No _____
- To what extent is the applicant involved in your church? no involvement slightly involved involved very involved
- What special talents has he/she shown? _____

- What leadership abilities has he/she shown? _____

- To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No
If yes, please explain. _____

- Do you feel the applicant is emotionally qualified for an AIM trip? Yes No
- To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Please rate the applicant in the following areas.

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

Knowing the applicant as you do, what recommendation would you make? (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Please choose one of the following

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

I can be reached at the following telephone number during the day: () _____

Signature _____

Print name _____

Date _____

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014

Mature Christian Reference — Leader

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

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home phone () _____

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

A note from AIM

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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 come from another responsible person. Thank you for your assistance.

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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 feel the applicant is emotionally qualified for an AIM trip? Yes No
9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Please rate the applicant in the following areas.

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
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Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the applicant as you do what recommendation would you make? (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Please choose one of the following

I am personally acquainted with the applicant and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.

I prefer to discuss my response by telephone.

I can be reached at the following telephone number during the day: () _____

Signature _____

Print name _____

Date _____

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Individuals serving as Youth Leaders

Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or provide e-mail addresses in place of envelopes.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

Requestor/Contact Person	Date
Agency	Phone Number
Address	E-mail Address
City, State, Zip	