

# 2017 STXYM AGORA MISSIONS AIM TRIP

San Antonio, TX | July 24-28

**TRIP COST \$400**

Application Deadline is May 1, 2017.  
 Deposit Deadlines: May 1 - \$100 | June 1 - \$100 | July 1 - \$200  
 Please complete this application and mail it to:  
 STXYM | 11102 East Freeway | Houston, TX 77029  
 [ p ] 713.455.1221 | [ e ] zodwa@stxym.org

Include the following with this AIM application:  
 1. One photo of yourself, 2. \$100 deposit NON-REFUNDABLE (make checks payable to STXYM- San Antonio AIM),  
 3. Recommendations (forms attached)

**PLEASE COMPLETE AND PRINT CLEARLY**

First (Legal name)		M.I.	Last	
Social Security No. - -	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship: U.S.      Canada Other: _____	What trip are you applying for?
Mailing Address		City	State	Zip
E-Mail Address		Area Code (    )	Telephone Number	
Age	Height	Weight	Birth Date /           /	
Father's First & Last Name (Or legal guardian if applicable)		Area Code (    )	Telephone Number	
Mother's First & Last Name (Or legal guardian if applicable)		Area Code (    )	Telephone Number	
Church Name	How long have you been actively involved?	Pastor's First & Last Name		
Church Address / City / State / ZIP Code			Telephone Number	
Have you ever been on an AIM/Missions Trip before? (Complete on a separate sheet if needed) Trip(s) _____ Month & Year _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involved with: If yes, please circle those that apply and explain when and why on a separate piece of paper. Alcohol                      Illegal Drugs                      Cult or Occult			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Circle if you have ever been: (If yes, please explain on a separate sheet of paper)				
Expelled from School		In a Juvenile Detention Center		In Jail
Please circle below if you ever had: If yes, please explain on a separate sheet of paper				
Psychiatric Care		Eating Disorder		

The purpose of this South Texas District AIM trip is for the ministry of the Gospel. Any available site seeing and shopping will be permitted only if it coincides with the team's main purpose, but could be canceled if not deemed convenient for travel, time or hinders the ministry. Trip costs and dates are subject to change. Trip may be canceled if there is any political, natural, or mission's related crisis. If the trip is canceled, we will make efforts to refund contributions made in your name. The conduct, dress and Christian lifestyle will be regulated. These are explained in a packet of information which will be sent to all participants once the application has been received. Team members and leaders adhere to these policies and are subject to dismissal for disobedience, without refund or reimbursement. Team members and leaders participate and serve at their own risk and South Texas District is not liable in the event of sickness, accident, death, terrorist acts or any other expense involved with the events listed. The trip includes physical activity including extended hiking, continuous walking and strenuous choreography. We require participants to be in good physical and mental condition and may request a physical exam and a reference from a doctor (if needed).

The information I have given South Texas District is accurate and true to the best of my knowledge. I also give the right to use any video that was taken during my AIM trip, my picture, voice, and testimony in any type of promotional or advertising materials. My enclosed signature (and the Signature of my parent or legal guardian, because I am under the age of 18) signifies my approval of all the limitations listed above. Application must be signed and dated by both applicant and parent or legal guardian (if applicant is under the age of 18) before it will be processed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(required if applicant is under 18)

# AIM Trip Questionnaire

How would you rate your physical condition? (circle one)				
Excellent	Very good	Good	Fair	Poor
Date of your last tetanus shot:		/	/	(must be current)
Medications you are currently taking:				
<b>(Any change in this information must be submitted to the TEAM LEADER)</b>				
Medical Insurance (carrier):			Policy #	
How long have you been saved? How did it happen?				
Why do you want to go on this AIM Trip?				
What do you consider to be you 3 strongest qualities?				
1.				
2.				
3.				
What area in your life do you feel needs strengthening?				
Do you have any fears about this trip?				
What are your expectations for this AIM Trip?				
Are you willing to work & Cooperate as a team member? (Initial here) _____				
Are you willing to trust and submit to the authority on this AIM Trip? (Initial here) _____				
Do you feel confident that the Lord will help you raise the finds you need to pay for this trip? (Initial here) _____				

## South Texas District AIM Application Pastor's Recommendation

To be completed **ONLY** by the Senior Pastor.  
Youth Pastor can complete in the event that there is no Senior Pastor  
or if the Senior Pastor does not know the applicant.

**Pastor, the individual you are recommending has applied for a STXD AIM Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.**

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### AIM Registrant, Please Complete the Shaded Section

First	M.I.	Last	Trip Applying For
Mailing Address			E-Mail Address
City	State	Zip	Area Code Telephone Number (     )
Church Name		Pastor's First & Last Name	
Church Address			
City	State	Zip	Area Code Telephone Number (     )
How long have you known the Applicant? (Circle one)			
Three months or less	Less Than One Year	One To Five Years	More Than Five Years
How well do you know the applicant?			
By Name	Fairly Well	Very Well	
To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation? (Circle One)			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
Have you ever had reason to question the applicant's morals? (Circle One)			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
What is the activity or role of the applicant in your church?			
Briefly, describe the applicant's personality.			
Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?			
Yes	No	If no, please provide a brief explanation on a separate sheet of paper	
Based on the above information, the applicant is: (Circle One)			
Strongly Recommended	Recommended	Recommended With Reservation	Not Recommended

The information I have provided to the South Texas District AIM ministry, regarding this applicant, is accurate and true to the best of my knowledge.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## South Texas District AIM Application Mature Christian Reference

The individual you are recommending has applied for a STXD AIM Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.

Please complete and mail it to:  
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### AIM Registrant, Please Complete the Shaded Section

<b>First</b>	<b>M.I.</b>	<b>Last</b>	<b>Trip Applying For</b>
<b>Mailing Address</b>			<b>E-Mail Address</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Area Code Telephone Number</b> (      )
<b>Church Name</b>		<b>First &amp; Last Name</b>	
<b>Church Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Area Code Telephone Number</b> (      )
<b>How long have you known the Applicant? (Circle one)</b>			
Three months or less	Less Than One Year	One To Five Years	More Than Five Years
<b>How well do you know the applicant?</b>			
By Name	Fairly Well	Very Well	
<b>To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation? (Circle One)</b>			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
<b>Have you ever had reason to question the applicant's morals? (Circle One)</b>			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
<b>What is the activity or role of the applicant in your church?</b>			
<b>Briefly, describe the applicant's personality.</b>			
<b>Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?</b>			
Yes	No	If no, please provide a brief explanation on a separate sheet of paper	
<b>Based on the above information, the applicant is: (Circle One)</b>			
Strongly Recommended	Recommended	Recommended With Reservation	Not Recommended

The information I have provided to the South Texas District AIM ministry, regarding this applicant, is accurate and true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# BACKGROUND CHECK

## AUTHORIZATION

During the application process and at any time during the tenure of my service with South Texas Youth Ministries, I hereby authorize \_\_\_\_\_ on behalf of South Texas Youth Ministries; 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 Social Security Number

\_\_\_\_\_  
Applicant Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## 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.

# 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 coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
  - 3 I attest and certify that I have no medical conditions that would prevent me from performing my duties.
  - 4 Subject to insurance coverages required by AIM, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, 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, any AIM Affiliates, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
  - 5 In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, and subject to the insurance coverages required by AIM, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
  - 6 I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
  - 7 I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.

_____ Name (please print)	_____ Signature	_____ Date
_____ Witness Name (please print)	_____ Witness Signature	_____ Date

2017  
SOUTH TEXAS DISTRICT  
San Antonio AIM TRIP  
July 24 to 28, 2017

AIM TRIP – San Antonio Payment Details  
AIM Trip Cost- \$400 per person

Schedule of Payment:

*May 1, 2017*  
\$100 Deposit due  
(Non-refundable)

*June 1, 2017*  
\$100 due

*July 1, 2017*  
Remainder of Trip Cost Due  
\$200