



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) Shirt Size: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: () _____ DOB (m/d/y): _____ Age: _____
Birthplace: _____ State: _____
Occupation: _____
Mobile Phone: () _____ E-mail: _____

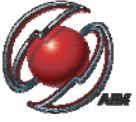
Family Information

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? _____



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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. _____

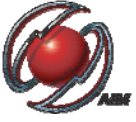
5. Are you currently taking any medications? Yes No If yes, please list. _____

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? _____



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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)