

Domestic Travel

•STUDENT PACKET•

(under 18 only)





Dear ISM Family,

We have some exciting news to share with our Illinois Family! Illinois Student Ministries is partnering with the AG National Youth Ministries to bring AIM to Illinois! AIM is a missions program allowing youth-aged students to participate in missions trips throughout the country and even the world.

Our state has developed a heart for giving and sacrificing for the needs of those already in the mission field both here in the US and around the world. Our students have worked odd jobs, participated in crazy stunts, and pulled off outstanding fundraisers in the name of Speed the Light®. We are so proud of you all!

You already have a heart to give - now we are asking: Who has the heart to go? Are you willing to give up your time and your comfort to see others come to Jesus? Will you give up vacation time to spend it with hurting and abandoned people? Will you allow God to make room inside of you for more of His power and love? Will you go?

Missions trips are not glamorous. They are not vacations. They are a chance to grow and learn and even change. Our prayer for every Christian young person in our state is that each of them would participate in at least one trip before they graduate. One trip to let God show you something you would never see from the comfort of your own town, your familiar church, and your everyday life.

The information for the upcoming trips is in the flyer that can be downloaded from our website. We are asking that you pray about where God wants to send you next summer. Not IF you should go, but WHERE you should go. We look forward to hearing from you soon!

Sincerely yours,

Christina Stanley
AIM Coordinator
Illinois Student Ministries
www.ilsmonline.org
ChristinaS@idcag.org





aim@ag.org

(417)862-2781 ext. 4029

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

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 E-mail: _____

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 E-mail: _____

Address is the same as Child's (skip to phone information)

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

Mother's Phone Numbers Home: _____ Work: _____

Cell: _____



ilsmonline@idcag.org

(217)854-4641

Illinois Student Ministries
17280 Lakeside Dr.
Carlinville, IL 62626

Detailed Description of Activities:

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

Transportation by bus to and from the airport and an airplane to and from St. Louis. While on site we will be transported by the host missionary.

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

Building projects, cleaning projects, beautification projects, VBS, other ministry type activities. We will work on rebuilding churches and serving communities in various ways.

Dates and Locations of Activities:

June 26 - July 2, 2022. Puerto Rico

Medical Information:

Family Doctor:
Insurance Company:

Doctor's Phone:
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 #:

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.



	Domestic U.S. Missions	Foreign Missions
Administered by	AG Financial Insurance	AG Financial Insurance
Accidental Death & Dismemberment	\$100,000	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	\$50,000 benefit, \$0 deductible	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000	\$10,000
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	\$100,000 benefit, \$0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Family Coordination / Emergency Medical Reunion	None	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	\$100,000
Foreign General Liability/Auto Liability	None	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	Worldwide

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage 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 Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

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:



MISSION TRIP APPLICATION

- Complete the application. (Be sure to sign and date it.)
- If under 18 years of age, a parent/guardian must sign form.
- Return the application to your trip leader.

FIRST NAME LAST NAME

PRESENT ADDRESS / MAILING ADDRESS

CITY STATE ZIP CODE HOME: AREA CODE/PHONE NUMBER

D.O.B. (MM, DD, YY) AGE SEX CELL: AREA CODE/PHONE NUMBER

EMAIL ADDRESS

SOCIAL SECURITY NUMBER OCCUPATION MARITAL STATUS

MARRIED SINGLE

→ FAMILY INFORMATION - REQUIRED FOR EVERYONE UNDER 18 YEARS OF AGE

FATHER INFO

FATHER FIRST NAME FATHER LAST NAME

If address is same as Student's, skip to phone information

PRESENT ADDRESS / MAILING ADDRESS

CITY STATE ZIP CODE

HOME AREA CODE + PHONE NUMBER **WORK AREA CODE + PHONE NUMBER** **CELL AREA CODE + PHONE NUMBER**

EMAIL ADDRESS

MOTHER INFO

MOTHER FIRST NAME MOTHER LAST NAME

If address is same as Student's, skip to phone information

PRESENT ADDRESS / MAILING ADDRESS

CITY STATE ZIP CODE

HOME AREA CODE + PHONE NUMBER **WORK AREA CODE + PHONE NUMBER** **CELL AREA CODE + PHONE NUMBER**

EMAIL ADDRESS

EMERGENCY CONTACT

EMERGENCY CONTACT FIRST NAME _____ EMERGENCY CONTACT LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

HOME AREA CODE + PHONE NUMBER **WORK** AREA CODE + PHONE NUMBER **CELL** AREA CODE + PHONE NUMBER

EDUCATION

What grade have you most recently completed? _____

If you speak a foreign language, what is it? _____ How fluent? _____

Have you received any awards or honors: Yes No Explain: _____

What are your special skills, abilities, or talents? _____

SELF-ANALYSIS

Your physical health is: Excellent Good Fair Poor (if "Fair" or "Poor", please explain below)

Do you have a physical impairment, chronic disease, or other disability? _____

Describe history of any ongoing physical problems and treatments (including allergies): _____

Are you taking any medications? Yes No If yes, explain: _____

Do you use or have you used tobacco, alcoholic beverages, or illegal drugs? Yes No If yes, explain: _____

Your emotional health is: Optimistic Cheerful Pessimistic Easily Discouraged

Describe any emotional or nervous problems and treatments: _____

Have you experienced any mental health issues in the past twelve months that required counseling and/or medication?
 Yes No If yes, explain: _____

If yes, what was your treating doctor's name? _____

Treating doctor's phone # & address: _____

Type of medication/therapy: _____

Describe your temperament and how you adapt to new and unexpected circumstances: _____

SELF-ANALYSIS

(cont)

Describe how you get along with:

Your Family: _____ Your Peers: _____

Authority Figures: _____ Team Members: _____

Does your experience lead you to believe you can live and work harmoniously with others whose nature, temperament, and even culture may be different to you? _____

Evaluate your present spiritual relationship with the Lord, describing the pattern of your personal devotional time.

Please check the appropriate box. Have you personally experienced the following?

Y N Salvation. If yes, give the date and place of your conversion to Christ: _____

Y N Water Baptism. If yes, explain: _____

Y N The filling of the Holy Spirit with the evidence of speaking in tongues.

Do you presently attend church? Yes No

On a scale of 1-10, how involved are you with your church? Please circle one number.

1 = Attend Church on Occasion // 10 = Highly Involved and Attend Church Regularly

1 2 3 4 5 6 7 8 9 10

Name of Church: _____ City/State: _____

What church responsibilities/positions have you held (e.g. Sunday School teacher, youth worker, etc.)? _____

List special outreaches in which you have participated (e.g. Teen Challenge, AIM, other witnessing efforts): _____

List previous mission trips that you have taken (where and when): _____

Mark any types of work and ministry for which you are best qualified:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> carpentry/construction | <input type="checkbox"/> Bible teaching | <input type="checkbox"/> medical/health | <input type="checkbox"/> graphic arts |
| <input type="checkbox"/> office work/computers | <input type="checkbox"/> food preparation | <input type="checkbox"/> coaching athletics | <input type="checkbox"/> music, vocal |
| <input type="checkbox"/> personal evangelism | <input type="checkbox"/> arts and crafts | <input type="checkbox"/> crusades | <input type="checkbox"/> preaching |
| <input type="checkbox"/> music, instrumental | <input type="checkbox"/> audio/visual media | <input type="checkbox"/> drama | <input type="checkbox"/> youth work |
| <input type="checkbox"/> puppets/clowning | <input type="checkbox"/> children's work | <input type="checkbox"/> education | <input type="checkbox"/> other |

Describe "other" or elaborate on your experience using any of the above skills: _____

Why do you want to go on this trip? _____

CHRISTIAN EXPERIENCE

MINISTRY SKILLS

Any notes or special considerations for the application committee?

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 any applicable fee is non-refundable. You must also give the enclosed "Pastoral Reference Form" to a non-relative. Give your references a self-addressed, stamped envelope, so they can mail their reference immediately after they are finished.

This application, \$50 non-refundable fee, & reference forms need to be sent to:

Illinois Student Ministries

Re: AIM Applications
PO BOX 620
Carlinville, IL 62626

Fax Number: 217-854-4635

Signature _____

Print Name _____ Date _____

(If under 18 years of age)

Parent/Guardian Signature _____

Print Name _____ Date _____

Relation to Student _____

SIGNATURES

CODE OF CONDUCT

Put your initial next to each item if you are in agreement:

_____ I will avoid developing a relationship with another person beyond friendship for the duration of the trip, including the training period, if my church has one.

_____ I will conduct myself in public in a way that does not demean or detract from the effectiveness of the team or local church.

_____ I will work diligently to keep the peace with other team members. I will take appropriate action if there is a conflict with another team member. (Matthew 5:18)

_____ I will attend and be punctual at all team meetings, departures, etc. so as not to compromise the team's effectiveness.

_____ I will dress according to the prescribed code at all times.

_____ I will avoid using drugs/alcohol/tobacco for the duration of the trip.

_____ I will respect and obey authority.

Signature _____

MISSION TRIP APPLICANT FIRST NAME

MISSION TRIP APPLICANT LAST NAME

TO THE PASTORAL REFERENCE:

The above named person is applying for a short-term missionary trip this coming summer through the Illinois Student Ministries AIM program. 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 missions program. Please send the completed form to Illinois Student Ministries. If you are related to the applicant, this evaluation should come from another responsible Pastor. Thank you for your assistance.

How long have you know the applicant? _____ In what capacity? _____

How well do you know the applicant? Slightly Casually Well Very Well

Do you believe the applicant is a committed Christian? Yes No

To what extent is the applicant involved in church? Not Involved Slightly Involved Involved Very Involved

In what form of Christian service has the applicant been engaged? Briefly evaluate his/her success: _____

What special talents has he/she shown? _____

What leadership qualities has he/she shown? _____

To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? If yes, please explain: _____

Is the applicant emotionally qualified for a mission's trip? _____

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

Knowing the applicant as you do, what recommendation would you make: Strongly Recommend Recommend

Recommend w/ Reservation Prefer not to make a recommendation: Comments: _____

PASTORAL INFORMATION

FIRST NAME	LAST NAME																		

ADDRESS																			

CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER																

EMAIL ADDRESS																			

NAME OF CHURCH																			

CHURCH CITY	CHURCH PHONE NUMBER																		

DENOMINATION																			

POSITION/TITLE IN THE CHURCH																			

Signature _____ Date _____

Please accept our thanks for your time and effort. Mail this completed form to:

Illinois Student Ministries

Re: AIM Applications
PO BOX 620
Carlinville, IL 62626

Fax Number: 217-854-4635

REFERENCE INFORMATION (cont)