



STUDENT
HOLY
LAND
EXPERIENCE

April 2012



For more information go to www.kyagouth.org or email kym@kyag.org

STUDENT HOLY LAND EXPERIENCE APPLICATION PACKET FOR LEADERS

Greetings:

We are excited that you want to partner with Kentucky Youth Ministries on our upcoming Student Holy Land Experience. This experience is specifically designed for students and leaders to draw closer to the Lord through personal devotion and journey where Jesus walked. The dates for the trip are TENTATIVELY set for April 13-April 22, 2012. It is possible that the trip date could change by leaving at day or two early or later so please keep this in mind.

Your Student Holy Land Experience price will include airfare, ground transportation, meals, insurance, and all nights in youth hostels. 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 estimated cost for this trip will be about \$2900-3300.

Here are the simple steps to getting accepted and processed for our Student Holy Land Experience trip:

1. After receiving your application, fill it out and return it back to our office along with a non refundable deposit of \$300. 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. \$300 Deposit is due with the application, by March 31, 2011. A detailed payment schedule will be provided within the next couple months.
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 our 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 on the application. Please make sure your passport is valid until October 2012. It is required for this trip that your passport be valid for 6 months past the travel dates.

. If you have questions or concerns not addressed in this packet, please feel free to contact the office. My e-mail address is kymsecretary@kyag.org.

In Christ,

Jenna Lewis
Administrative Assistant
Kentucky Youth Ministries

Holy Land Experience 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.

Mail in Holy Land Experience Leader Application along with a non refundable \$300 deposit to KYM, PO Box 959, Crestwood, KY 40014.

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 Holy Land 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. _____

Holy Land Experience 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.) _____

Overseas Experience Information

1. Why do you want to participate in the Holy Land Experience? _____

2. How did you learn about the Holy Land Experience? _____

3. Have you ever participated in an overseas missions trip? 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 Kentucky Youth Ministries, the Assemblies of God Center for Holy Lands Studies, 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.

Kentucky Youth Ministries & AG Center for Holy Lands Studies – Terms & Conditions

Medical: You declare that you are in good health and able to participate in the physical demands of the program. You understand and accept any and all financial responsibilities related to a medical emergency and any subsequent after-treatment. You are **required** to have international hospitalization insurance and indicate proof of coverage prior to 90 days of our scheduled departure date. It is customary for medical services outside of the USA to require payment in advance of any treatment. You must be prepared to provide financial payment at the time of any unforeseen medical emergency requiring treatment. Cash or credit card is customary. Upon return to your homeland, you then file for reimbursement with your insurance company. **Air Transportation:** The passage contract in use by the airlines when the tickets are issued shall constitute the sole contract between the airlines and the passenger, and/or any agent and/or The Assemblies of God. Airfare is subject to increases prior to the date of travel. **Accommodations:** Price per person is based on double occupancy with private facilities. We reserve the right to substitute hotels of a similar category for those listed. An additional fee applies to single-room occupancy. **Meals:** Two meals a day provided unless noted as one or three meals in the program **Notes or Itinerary**. Special beverages (coffee, tea, sodas, etc.) are not included at lunch or dinner meals. Local water provided in Greece and Israel. Bottled water provided at lunch and dinner in Turkey only. **Airport Transfers:** Only scheduled program group transfers are included. **Baggage:** You are requested to limit your luggage to 1 primary suitcase, plus 1 small soft carry-on bus bag. Baggage insurance is recommended. Personal baggage transport throughout the program is your responsibility. The Assemblies of God and its staff cannot be responsible for loss, theft or damage to belongings. **Sightseeing and Entrance Fees:** Inclusive of all sightseeing as per itinerary aboard a private motor coach with the services of a licensed, English-speaking guide. Entrance fees to all sights as per itinerary are included. **Services, Charges, and Taxes:** All service charges and local taxes as imposed by hotels are included in the program fees. Passports, baggage insurance, laundry, mineral waters, coffee, tea and any items of a personal nature are not included. **Tippling:** All tips and service charges are included in your program fees unless noted otherwise in the Notes. Additional voluntary tipping is acceptable. **Passport and Visas:** Your passport must be valid for six months beyond your program's scheduled return date. Non-USA, non-Canada, non-UK, or non-EU passport holders may be required to purchase (at a personal expense) a "double-entry" Tourist Visa into Greece. Your visa fee into Turkey is covered in program fees unless special circumstances apply. **Tariffs:** All airfares and land rates are considered conditional and subject to adjustment based on any change in tariffs and exchange rates. **Disclaimer of Responsibility:** The Assemblies of God is not a travel agency and is only acting as an intermediary for the suppliers identified on this, or any accompanying documents, in selling services, or in accepting reservations or bookings for services which are not directly supplied by itself (such as air carriage, hotel accommodations, ground transportation, meals, etc.) You will hold as harmless The Assemblies of God, its staff, its family members, and its agents for breach of contract or any intentional or careless actions or omissions on the part of such suppliers, which may result in any loss, damage, delay, injury, or increase in program fees to any traveler. Unless the term "guaranteed" is specifically written on the ticket, invoice, or reservation itinerary, The Assemblies of God, does not guarantee any supplier's rates, bookings or reservations. It shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside its control. By embarking upon the trip, the traveler voluntarily assumes all personal and financial risks involved with such travel, whether expected or unexpected. Traveler is hereby warned of such risks, and is advised to obtain appropriate insurance coverage against such risks. **Cancellations:** From 90 days until our scheduled departure date all cancellations forfeit the Application Deposit Fee plus any charge per person as levied by any and all agents and suppliers. **Agreement:** Your signature below indicates you have read and agree to the above Terms and Conditions, are aware of the additional information in your program's Notes and Itinerary, and that you understand and accept the contents of all (expressed or implied). You also certify by signature that to the best of your knowledge your application information is complete and correct.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

ASSUMPTION OF RISK AND INSURANCE ELECTION
AG Center for Holy Lands Studies: Study Tours
PART 1 -- ASSUMPTION OF RISK

I, _____, along with my registration form for the study tour to _____, for the dates of _____ along with the Center for Holy Lands Studies of the General Council of the Assemblies of God and Kentucky Youth Ministries, represent and agree that:

1. I am a volunteer traveler and acknowledge that I am not attending the trip as an employee of the Center for Holy Lands Studies 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 a tourist capacity to Israel, West Bank areas (Bethlehem), Egypt, Jordan, Greece and or Turkey. Such hazards and risks including, but not being 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 registration acceptance 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 that such risks have always been associated with tourist trips.
3. I attest and certify that I have no medical conditions that would prevent me from performing physical, emotional, or mental capacities of the said trip.
4. Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against the AG Center for Holy Lands Studies, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church/individuals sponsoring the trips, or any agent, employee or member 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 trip, I, acting both on my own behalf and in their behalf as their parent or legal guardian, and subject to the insurance coverages 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 AS MY OWN FREE ACT.**
8. **Medical Insurance-** Medical Insurance is provided as a part of the fees collected to go on the "Student Holy Land Experience." There is a standard \$50,000 in medical coverage provided. Medical coverage is also capped at \$50,000. If you feel this amount of coverage is insufficient you may purchase additional coverage at an additional charge. All additional coverage should be purchased at least 30 days before trip departure. Please contact kymsecretary@kyag.org for more information on rates and coverage amounts.

(Continued on next page- Must be signed and witnessed!)

9. **Trip/Travel Insurance:** Travel insurance can be important because it protects travelers when unforeseen circumstances occur after they've booked and paid for their trip. The insurance helps travelers if they have to cancel their vacation plans because of personal situations. **Travel insurance is not covered in the fees collected for the "Student Holy Land Experience".** It is up to each individual person to determine whether additional trip/travel insurance will be needed. If additional travel insurance is needed, it is the responsibility of each individual to purchase the insurance. Kentucky Youth Ministries and AG Holy Land Study Center are not responsible for the purchase to trip insurance.

ASSUMPTION OF RISK AND INSURANCE ELECTION

AG Center for Holy Lands Studies: Study Tours

SIGNATURES

_____ Date: _____

legible signature

_____ Date: _____

legible signature of spouse (if he or she will accompany you on your assignment)

IMPORTANT: *Please have 2 witnesses observe your signature(s), and have them sign below. They must be at least 18, and should not be relatives.*

witness address

witness address

Kentucky Youth Ministries Student Holy Land Experience Trip Information FAQ

What are the trip dates:

The (very) tentative dates are Friday April 13-Sunday April 22nd, 2012.

Why these particular dates?

Because this is a student trip, we try as much as possible to go on Spring break. Of course spring break is different in each school system. So we would leave on a Friday and come back 10 days later. We also wanted to avoid being gone on Easter Sunday, which is on April 8.

Most AIM trips are only a week long. Why is this trip longer?

It takes two full days to travel to the Holy Land and one full day on the return. So the additional time on the trip is due to the length of travel.

What if my school's spring break is not on the dates we travel?

Most schools will give an excused absence for this type of trip. Your homework will have to be made up (sorry) but most schools/principals will accommodate you. You would need to ask well in advance of the trip.

What is the cost?

The estimated cost of the trip will be \$2,900-\$3300. This cost includes international roundtrip airfare from Louisville to Tel Aviv. 8 nights hotel, chartered bus transportation with Israeli guide, all entrance fees, most meals, luggage, backpack, water bottle, trip medical insurance, T-shirts. (Please know this is a price estimate. The final airfare cost will not be known until 10 months before the trip.)

What is the purpose of the trip?

The purpose of this trip is to give people the chance to have a personal spiritual awakening by visiting the land of the Bible. Nothing will bring the Bible more alive than to visit the places mentioned in its pages. We want to walk where Jesus walked, and in doing so, rediscover the truths of his teachings. As a group of Christ followers we will journey not only physically but spiritually together. We will worship, pray and have devotions at each site to truly capture the spirit and heart of this amazing land.

Who is the trip sponsor?

This trip will be sponsored by Kentucky Youth Ministries, and the Assemblies of God, Holy Land Studies Office.

What places would we visit?

The itinerary is very tentative is still being developed. Changes could occur. Nazareth, Mt. Carmel, Megiddo, Capernaum, boat ride on the Sea of Galilee, Mt. of the Beatitudes, Bethlehem, Masada, Dead Sea, En Gedi, the city of Jerusalem-The Temple Mount, Wailing Wall, Southern Wall Excavations, Mt. of Olives, Garden of Gethsemane, Via Dolorosa, Church of the Resurrection. We will also visit with some of our missionaries and churches in the area.

What about lodging?

Because this is a “Student Holy Land Experience” we tried to keep the cost as affordable as possible. The lodging will be safe, clean, and affordable. We will be staying in 2 star types of accommodations or youth hostels.

What about safety and security concerns?

The safety and security of our group will be of the highest importance. Even though there is violence associated with Israel and its neighbors, traveling to and through Israel is very safe. Thousands of tourists enter and leave Israel every week.

In case of security issue in Israel what about trip refunds?

If the trip is officially cancelled due to security issues in Israel, there would be a full refund of all money.

If for some reason I decided not to go at the last moment, would my money be refunded?

If you backed out of the trip then you would lose most of the money sent in.

Example: If your airline ticket had been purchased, we could not refund cash to you. You would have a ticket with that airline that could probably be used as a credit at a later date. There is a possibility that some of the land portion could be refunded but that will be dealt with on a case-by-case basis.

What about any ministry opportunities for evangelism?

Unfortunately evangelism is illegal in Israel. This trip would be for purposes of personal discipleship and spiritual growth.

What about parents and other adult leaders: Parents and adult leaders are not only welcomed but encouraged to travel with us.

Yes I think I am interested, what is the next step?

The next step would be to get an application, and send it in with a \$300 deposit.

The deposit must be paid by March 31, 2011.

FYI: There must be at least 25 people before the trip is officially scheduled. If there are not enough people, then the trip will be cancelled and all money will be refunded.

What if I have more questions?

Please email kym@kayg.org

Pastoral Recommendation — Leader Holy Land

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 the Holy Land Experience

The above-named person is applying to go on a Holy Land Experience trip with Kentucky Youth Ministries through the Assemblies of God Center for Holy Lands Studies. 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 Holy Land Experience 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 Kentucky Youth Ministries. If you are related to the applicant, this evaluation should come from another responsible person. 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) no involvement slightly involved involved very involved
3. Do you believe the applicant is a committed Christian? _____
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 a Holy Land 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					
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 (Holy Land)

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 the Holy Land Experience

The above-named person is applying to go on a Holy Land Experience trip with Kentucky Youth Ministries and the Assemblies of God Center for Holy Lands Studies. 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 Holy Land Experience 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

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check) no involvement slightly involved involved very involved

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					
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 (Holy Land)

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 Holy Land Experience

The above-named person is applying go on a Holy Land Experience trip with Kentucky Youth Ministries through the Assemblies of God Center for Holy Lands Studies. 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 Holy Land Experience 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? 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 a Holy Land Experience 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)

THIS FORM MUST BE COMPLETED FOR ALL APPLICANTS 18 YEARS OR OLDER, UNLESS KENTUCKY ASSEMBLIES OF GOD OR KENTUCKY YOUTH MINISTRIES HAS COMPLETED A BACKGROUND CHECK WITHIN THE PAST 12 MONTHS.

I, _____, hereby authorize Kentucky District Council of the Assemblies of God Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteer or employment now and, if applicable, during the tenure of my volunteer work or employment with the Kentucky District Council of the Assemblies of God, Inc.

I release Kentucky District Council of the Assemblies of God and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Present Address _____

How Long at Present Address? _____

City _____ State _____ Zip _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Date of Birth*: _____

Social Security Number: _____

Driver's License Number: _____

State of License: _____

Signature of Candidate / Date