



## AFLC STUDENT MISSIONS

# Ukraine Individual Application Form

Trip Dates: July 11th – 25th 2010

Student.missions@aflc.org  
(763) 545-5631 fax: (763) 545-0079

**Trip Cost:** \$2,100

**Payment Schedule:** 02/01/2010 03/01/2010 04/01/2010 05/01/2010 06/01/2010  
\$100 \$500 \$500 \$500 \$500

### Checklist:

By February 1, 2010

- Recent picture of yourself (It's easier to pray for someone with a face) to your Trip Leader\*
- Complete application (Pages 1-3) and hand in to your Trip Leader\*
- Turn in your non-refundable \$100 Application Fee to your Trip Leader.\*
- Give "Recommendation Form" to your pastor, youth director, or mentor (Page 4)

*\*If you are attending as an individual, without a group, please send your picture, completed application and non-refundable \$100 Application Fee directly to AFLC Student Missions. Make checks out to AFLC Student Missions. Mail to: AFLC Student Missions, 3110 E. Medicine Lake Blvd, Plymouth, MN 55441*

(Please Print in blue or black ink)

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*First Middle Last*

(Print name as it would appear on your passport)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ T-shirt Size \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender **M / F** USA Citizen **Y / N** Proof of Citizenship (Passport or Birth certificate) **Y / N**

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Church Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Trip Leader's Name \_\_\_\_\_ Youth Leader's Name \_\_\_\_\_

### SPIRITUAL INFORMATION:

How long have you been attending the church listed above? \_\_\_\_\_

How long have you been in a personal relationship with Jesus Christ? \_\_\_\_\_

What does that relationship mean to you?

Please indicate any special talents/skills that you would like to apply on the trip (if possible):

Do you have any previous missions' experience? **Y / N** (If "Y", when and where?)

**IN CASE OF EMERGENCY CONTACT (Not someone listed as Parent/Guardian):**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**DESCRIBE YOUR PERSONAL RELATIONSHIP WITH JESUS  
(When you came to know Jesus / Your daily walk with Him):**

**WHAT WOULD YOU LIKE TO SEE GOD DO IN YOU AND THROUGH YOU ON THIS TRIP?**

**MEDICAL RELEASE INFORMATION**

I, \_\_\_\_\_ (parent/guardian), of \_\_\_\_\_

(child's name) who resides at \_\_\_\_\_

city of \_\_\_\_\_ state of \_\_\_\_\_,

born \_\_\_\_\_ herein authorizes the adult sponsors of this AFLC Youth Ministries mission trip, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the state of treatment, when the need for such treatment is immediate, and when efforts to contact us (me) are unsuccessful.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Phone Number to Call in Case of Emergency

**IN ORDER TO SIMPLIFY THIS PROCESS:**

Insurance Company: \_\_\_\_\_ Plan/Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Last date of Tetanus Shot: \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions (Please list and describe):

## PARTICIPANT COVENANT

I, \_\_\_\_\_, agree to participate in all the activities of the mission to Ukraine, July 11th – July, 25th 2010

With this commitment, I agree that prior to the trip I will do my best to attend meetings, training, and assist with fundraising activities that will help to defray the cost of the mission. I will also spend time in personal devotions spiritually preparing for the mission.

I agree on the mission I will uphold these standards:

1. I will reflect Jesus Christ in his servant attitude and compassion filled heart, understanding that I will be representing Christ and the body of Christ.
2. I will be a learner on the mission:
  - ◆ From God – in my personal devotions, daily prayer, listening
  - ◆ From the leaders – in the large group times, training sessions, and from their example
  - ◆ From the culture – understanding that their lifestyle may be different than what I expect. The differences will provide a learning experience for me to understand a new way of life.
3. I will pay respect to the AFLC Youth Ministries trip leader(s), giving them the attention when it is due and let them know where I am at all times.
4. I will not use mood altering substances. (These include alcohol, tobacco, and drugs.)
5. I will work hard, play hard, and have a positive attitude during all activities!

In signing this contract, I acknowledge that I have read it and will follow it. I understand that if I fail to observe this covenant, I face the risk of dismissal from the trip and will travel back home at my own (parents') expense.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Prior to the trip, I will support my child (the participant) in attending meetings and fundraising activities in which he/she will be involved including providing transportation and making necessary schedule efforts to make my child's Involvement a priority.

After the trip, I recognize that my child will need time to process the experience. I will seek to love, listen, and nurture an environment for my child to grow even after this trip.

I have read this contract by which my child is expected to abide. I understand that if he/she fails to observe the terms of this covenant and the AFLC Youth Ministries leaders' conclude it best for my child to go home, I am responsible for and will pay for his/her immediate transportation home.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**AFLC STUDENT MISSIONS**



# Recommendation Form – Student Missions 2010

Ukraine, July 11th – 25th 2010

Dear Pastor, Youth Director, or Mentor,

*“But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth.” ~ Acts 1:8*

We are excited to see the increasing interest among the youth nationwide for missions. The student that handed you this form is prayerfully pursuing a short-term missions trip in 2010.

**While this need not take more than five minutes of your time, please give your frank, thoughtful, and prayerful recommendation about this student’s involvement in a trip.** This contact is a primary means for our team to evaluate the spiritual condition of the applicant. We are eager to see teenagers that are trusting in Jesus and stretching to serve Him involved in this opportunity.

**Please fill out this form and return it as soon as practical (but no later than Jan. 20, 2010) to your short-term missions TRIP LEADER. When returning to the Team Leader, place form in envelope, seal and sign your name over the envelope seal. This will ensure confidentiality. Thank you!**

He/she will be gathering all Individual Applications and Recommendations to submit to AFLC Youth Ministries. Thank you for your time!

In Christ,

Rev. Jason Holt  
Director of Youth Ministries

+++++

**Student Missions Applicant (Please list your name here):** \_\_\_\_\_

**Please indicate how you know and how long you’ve known the applicant.**

**How has the applicant indicated an interest or aptitude for missions?**

**Please evaluate the applicant’s attitude and ability to receive instruction from authority as well as participate as a member of a short-term missions trip team.**

**Please indicate if there is any reason to question the integrity or moral character of this applicant.**

**Finally, do you recommend this applicant to travel with AFLC Student Missions in 2010? Why or why not?**

**Sign:** \_\_\_\_\_ **Date :** \_\_\_\_\_