

STUDENT FORMS



Student Application

Instructions

- Complete the application. (Be sure to sign and date it.)
- 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)

Current Address _____

City _____ State _____ Zip _____

Phone () _____ Birthdate (m/d/y) _____ Age _____

Birthplace _____ State _____

Occupation _____

Mobile phone _____ E-mail address _____

Family Information

Father's name _____
(last, first)

Home address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Mobile phone _____ E-mail address _____

Mother's name _____
(last, first)

Home address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Mobile phone _____ E-mail address _____

Do you live with both parents? Yes No

If no, explain. _____

Are both your parents active in church? Yes No

Explain. _____



AIM

Student Application

(continued)

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. _____

Spiritual Information

1. Please check all that apply to you personally:

Conversion (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? _____



Student Application

(continued)

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 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 any applicable fee is non-refundable.

Signature _____

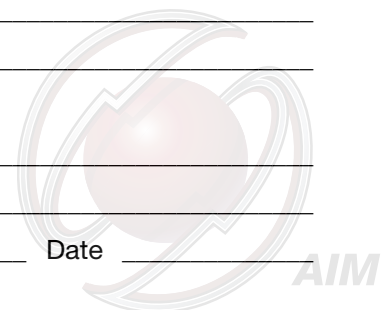
Print name _____

Date _____

Parental or Guardian signature _____

Print name _____

Relation to student _____ Date _____



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 described below, 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, or any agent or employee 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 assignment, I, acting both on my own behalf and in their behalf as their parent and 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 of my own, free act.**

initial _____ date _____



Parental Consent Form

(for those under the age of 18)

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Child's name _____

Father's name _____

Mother's name _____

Child's address _____

City _____ State _____ Zip _____

Phone () _____ Mobile: _____

Work phone _____ Email: _____

Medical Questionnaire

1. Is your child 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. Is your child allergic to any type of medication? Yes No

If yes, explain. _____

3. Does your child medically require a special diet? Yes No

If yes, explain. _____

4. Does your child have (or has 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. Does your child have any allergies? Yes No

If yes, explain and list medications. _____

6. Has your child ever sleep walked? Yes No

7. Can your child swim? Yes No



Parental Consent Form

(continued)

Medical Questionnaire

8. Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No If yes, explain. _____

initial _____ date _____

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our 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 our child is injured or becomes ill. We authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home phone _____ Father's work # _____ Father's Mobile # _____
Mother's work # _____ Mother's Mobile # _____ Email _____
Emergency contact name _____
Contact phone number () _____
Family doctor _____
Doctor's phone number () _____
Child's insurance company _____
policy number _____

initial _____ date _____

Consent

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in an AIM trip during (year), including swimming, boating, hiking, sports events, and any other activities customarily associated with an AIM trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming.

I (We) do not authorize our child to participate in any of the following activities

initial _____ date _____



Parental Consent Form

(continued)

Insurance Election

I am aware of the hazards and risks to my child associated with serving in a missions capacity. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Foreign Trips — Brotherhood Mutual Insurance Company

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage

- Medical accident and sickness coverage \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation of mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

initial _____ date _____

Stateside trips — Special Markets Insurance Consultants, Inc.

- \$10,000 Accident Medical Maximum
- \$5,000 Sickness Medical Maximum
- \$2,500 Accident Dental and Physical Therapy Maximum
- \$25,000 Accidental Death Benefit
- \$25,000 Accident Coma or Paralysis Benefit
- \$10,000 Medical Evacuation
- \$5,000 Repatriation
- \$5,000 Return of Remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

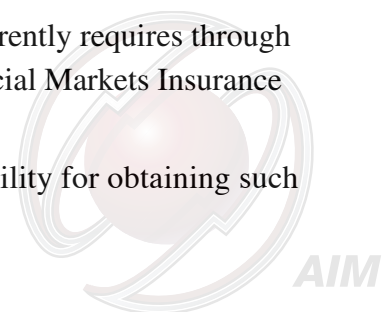
initial _____ date _____

Please select one of the following:

I do not desire any additional insurance coverage other than what AIM currently requires through Brotherhood Mutual Insurance Company for foreign trips and through Special Markets Insurance Consultants, Inc., for stateside trips.

I do desire additional insurance coverage, and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

initial _____ date _____



Parental Consent Form

(continued)

I have honestly and accurately completed all parts of the Parental Consent Form to the best of my ability.

Signatures of Parents/Guardians

Signature _____

Print name _____

Date _____

Signature _____

Print name _____

Date _____

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

Witness signature _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Witness signature _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Notary Public _____ (print)

_____ (signature)

My commission expires _____



Pastoral Recommendation Student

This section is to be completed by the applicant (please print):

Name _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Mobile _____

Email address _____

This section is to be completed by the person who is referring the student:

A note from AIM

The above named person is applying for a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM). 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 AIM 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 in ministry. 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)

slightly casually well very well

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? _____

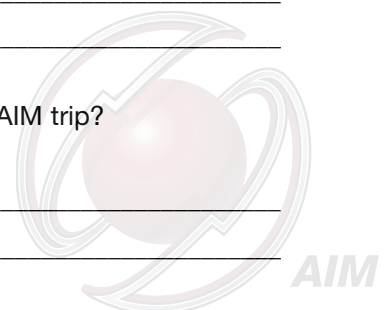
7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?

Yes No If yes, please explain. _____

8. Do you know any reason why the applicant wouldn't be suitable to participate on an AIM trip?

Yes No

If yes, please explain. _____



Pastoral Recommendation

(continued)

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					
Teachableness					
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 _____

Pastor's Information

Name _____
 Church _____
 Address _____
 City _____ State _____ Zip _____
 Position/Title _____
 Phone number () _____
 Email _____
 Signature _____
 Date _____



Mature Christian Reference Student

This section is to be completed by the applicant (please print):

Name _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Mobile _____

Email _____

This section is to be completed by the person who is referring the student

A note from AIM

The above-named person is applying to help lead a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. 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 AIM 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)

slightly casually well very well

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? _____

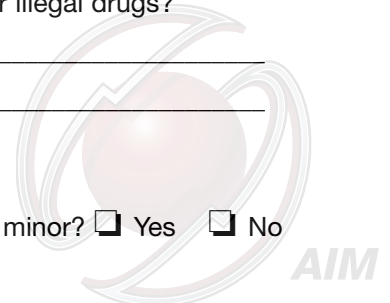
6. What leadership abilities has he/she shown? _____

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 an AIM trip? Yes No

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No



Mature Christian Reference Student *(continued)*

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					
Teachableness					
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 _____

Signature _____

Print name _____

Date _____



LEADER FORMS



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.
- Return the application and the *Assumption of Risk* forms to the trip leader.

Personal

Name _____ Age (if under 40) _____
(last, first, middle)

Current Address _____

City _____ State _____ Zip _____

Phone () _____ Mobile _____ Email _____

Have you ever been convicted of or pleaded guilty to a crime? Yes No

If yes, please explain. (Attach a separate sheet, if necessary.) _____

Church History and Prior Youth Work

1. Church name and address (include city and state) where you attend.

Are you a member? Yes No

2. Church name(s) and address(es) (include city and state) you have attended regularly during the past five years:

3. 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.) _____

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates. (Attach additional sheets, if necessary.) _____

(Application continued on the following pages)

Thank you for completing this application form and for your interest in working in a volunteer ministry position.



Leader Application

(continued)

Insurance Election

I am aware of the hazards and risks to myself associated with serving in a missions capacity. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Foreign Trips

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage

- Medical accident and sickness coverage \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation of mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

initial _____ date _____

Stateside trips

- \$10,000 Accident Medical Maximum
- \$5,000 Sickness Medical Maximum
- \$2,500 Accident Dental and Physical Therapy Maximum
- \$25,000 Accidental Death Benefit
- \$25,000 Accident Coma or Paralysis Benefit
- \$10,000 Medical Evacuation
- \$5,000 Repatriation
- \$5,000 Return of Remains

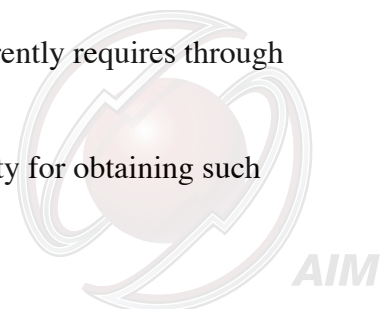
The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

initial _____ date _____

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently requires through Brotherhood Mutual Insurance Company (as shown above).
- I do desire additional insurance coverage, and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

initial _____ date _____



Leader Application

(continued)

I have honestly and accurately completed all parts of the Leader Application to the best of my ability.

Signature _____

Print name _____

Date _____

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

Witness signature _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Witness signature _____

Print name _____

Date _____

Address _____

City _____ State _____ Zip _____

Notary Public (print) _____

(signature) _____

My commission expires



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 described below, 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, or any agent or employee 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 assignment, I, acting both on my own behalf and in their behalf as their parent and 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 of my own, free act.**

initial _____ date _____



Pastoral Recommendation Leader

This section is to be completed by the applicant (please print):

Name _____
Address _____ City _____ State _____ Zip _____
Home phone () _____ Mobile _____
Email address _____

This section is to be completed by the person who is referring the leader:

A note from AIM

The above-named person is applying to help lead a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. 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 AIM 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)

slightly casually well very well

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 an AIM trip? Yes No

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?

Yes No



Pastoral Recommendation

(continued)

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					
Teachableness					
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 _____ Position/Title _____
 Church _____
 Address _____
 City _____ State _____ Zip _____
 Phone number () _____
 Signature _____
 Date _____



Mature Christian Reference- Leader

This section is to be completed by the applicant (please print):

Name _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Mobile _____

Email _____

This section is to be completed by the person who is referring the leader:

A note from AIM

The above-named person is applying to help lead a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. 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 AIM 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)

slightly casually well very well

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 an AIM trip?

Yes No

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?

Yes No



Mature Christian Reference-Leader

(continued)

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					
Teachableness					
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 _____

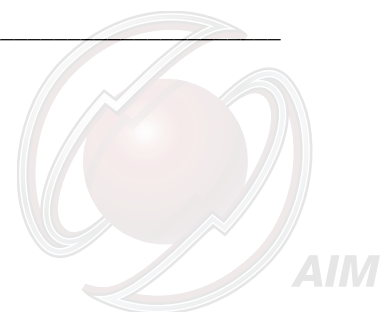
Please choose one of the following

- 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 _____



BACKGROUND CHECK

47 STATES

(See separate forms for California, Oklahoma, and Minnesota)

AUTHORIZATION

During the application process and at any time during the tenure of my service with Ambassadors In Mission, I hereby authorize ChoicePoint Services Inc., on behalf of Ambassadors In Mission 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 courts 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.

Applicant Full Name/Signature

Date

_____-_____-_____
Social Security Number

Date of Birth

Printed Full Name _____

Street Address _____

Home Phone _____

City, State, Zip _____

County _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you 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 record sources

BACKGROUND CHECK

MINNESOTA OR OKLAHOMA AUTHORIZATION

During the application process and at any time during the tenure of my service with Ambassadors In Mission, I hereby authorize ChoicePoint Services Inc., on behalf of Ambassadors In Mission 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 courts 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.

Applicant Full Name/Signature

Date

Social Security Number

Date of Birth

MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Full Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

County _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you 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 record sources.

BACKGROUND CHECK

CALIFORNIA AUTHORIZATION

During the application process and at any time during the tenure of my service with Ambassadors In Mission, I hereby authorize ChoicePoint Services Inc., on behalf of Ambassadors In Mission to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts 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.

Applicant Full Name/Signature

Date

_____-_____-_____
Social Security Number

Date of Birth

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

County _____

BACKGROUND CHECK

CALIFORNIA AUTHORIZATION –CONTINUED BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you 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 record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.