

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).
- Ask your senior pastor and two other 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.
- Complete the Assumption of Risk forms.
- Return the application and the Assumption of Risk forms to the trip leader.

Personal Information

Name: _____ (Last, First, Middle) Shirt Size: _____

Address: _____ Age: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Mobile: () _____

Occupation: _____ E-mail: _____

Have you ever been convicted of or plead guilty to a crime? Yes No If yes, please explain (you may attach a separate sheet if necessary). _____

Church History and Prior Youth Work

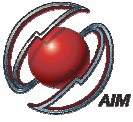
1. Church name and address where you attend (include city and state):

Are you a member? Yes No

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

3. Please 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). _____

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



Leader Application

(continued)

Insurance Election

I am aware of the hazards and risks 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 Accidental 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.

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 my own expense.

Initial: _____ Date: _____

