

2019 Texas Louisiana Youth Ministries AIM Trip to Guatemala

Please acknowledge all deadlines as indicated on our website. Applications received after the deadline, are subject to a price increase.

Please complete this application and mail or email it to:
Texas Louisiana Youth Ministries (ATTN: AIM), PO Box 38751, Houston, Texas 77238
 Phone: 281.407.0719 • Email: info@tlym.org

Include the following with this AIM application:

1. Copy of Texas Driver's License or a Student ID
2. Deposit amount due (NON-REFUNDABLE, BUT IT IS TRANSFERABLE)
(make checks payable to **Texas Louisiana Youth Ministries**)
3. Pastor's Recommendation

• PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK • FILL OUT ALL SECTIONS COMPLETELY

First (Legal name as written on Passport)		M.I. <input type="checkbox"/>	Last	
Social Security No. - -	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship U.S. Canada Other: _____	What trip are you applying for?
Mailing Address		City	State	Zip
E-Mail Address		Area Code ()	Telephone Number	
Age	Shirt Size	Birth Date / /		
Father's First & Last Name (Or legal guardian if applicable)		Area Code ()	Telephone Number	
Mother's First & Last Name (Or legal guardian if applicable)		Area Code ()	Telephone Number	
Church Name	How long have you been actively involved?	Pastor's First & Last Name		
Church Address / City / State / ZIP Code			Telephone Number	
Have you ever been on an AIM/Missions Trip before? (Complete on a separate sheet if needed)			Yes	No
Trip(s) _____ Month & Year _____				
Have you ever been involved with: Alcohol Illegal Drugs			Yes	No
If yes, please circle those that apply and explain when and why on a separate piece of paper.				
Are you currently taking any prescription medications? If yes, please list:				
Have you ever had any physical restrictions or a major illness?				
If yes, please explain on a separate sheet of paper				

The purpose of this Texas Louisiana Youth Ministries AIM trip is for the ministry of the Gospel. Any available site seeing and shopping will be permitted only if it coincides with the team's main purpose, but could be canceled if not deemed convenient for travel, time or hinders the ministry. Trip costs and dates are subject to change. Trip may be canceled if there is any political, natural, or mission's related crisis. If the trip is canceled, we will make efforts to refund contributions made in your name. The conduct, dress and Christian lifestyle will be regulated. These are explained in a packet of information which will be sent to all participants once the application has been received. Team members and leaders adhere to these policies and are subject to dismissal for disobedience, without refund or reimbursement. Team members and leaders participate and serve at their own risk and Texas Louisiana Youth Ministries is not liable in the event of sickness, accident, death, terrorist acts or any other expense involved with the events listed. The trip includes physical activity including extended hiking, continuous walking and strenuous choreography. We require participants to be in good physical and mental condition and may request a physical exam and a reference from a doctor (if needed).

The information I have given Texas Louisiana Youth Ministries is accurate and true to the best of my knowledge. I also give the right to use any video that was taken during my AIM trip, my picture, voice, and testimony in any type of promotional or advertising materials. My enclosed signature (and the Signature of my parent or legal guardian, because I am under the age of 18) signifies my approval of all the limitations listed above. Application must be signed and dated by both applicant and parent or legal guardian (if applicant is under the age of 18) before it will be processed.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(required if applicant is under 18)

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Texas Louisiana Youth Ministries AIM Application

Pastor's Recommendation

To be completed ONLY by the Senior Pastor.
 Youth Pastor can complete in the event that there is no Senior Pastor
 or, if the Senior Pastor does not know the applicant.

Pastor, the individual you are recommending has applied for a TLYM AIM Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.

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AIMer, Please Complete the Shaded Section

First	M.I. <input type="checkbox"/>	Last	Trip Applying For
Mailing Address		E-Mail Address	
City	State	Zip	Area Code ()
		Telephone Number	
Church Name		Pastor's First & Last Name	
Church Address			
City	State	Zip	Area Code ()
		Telephone Number	
How long have you known the Applicant? (Circle one)			
Three months or less	Less Than One Year	One To Five Years	More Than Five Years
How well do you know the applicant?			
By Name	Fairly Well	Very Well	
What skills and abilities will the applicant be able to contribute to the trip?			
What is the activity or role of the applicant in your church?			
Briefly, describe the applicant's personality.			
Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?			
Yes	No	If no, please provide a brief explanation on a separate sheet of paper	
Based on the above information, the applicant is: (Circle One)			
Strongly Recommended	Recommended	Recommended With Reservation	Not Recommended

The information I have provided to the Texas Louisiana Youth Ministries, regarding this applicant, is accurate and true to the best of my knowledge.

Pastor's Signature _____ Date _____

BACKGROUND CHECK

(for those 18 years and older)

AUTHORIZATION

During the application process and at any time during the tenure of my service with **Texas Louisiana Youth Ministries**, I hereby authorize _____ on behalf of **Texas Louisiana Youth Ministries**; 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 court 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.

Full Name (please print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ County: _____

Applicant Signature

Date

Applicant Social Security Number

Applicant Date of Birth (mm/dd/yyyy)

BACKGROUND VERIFICATION DISCLOSURE

This is 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 records.