



YOUTH ABLAZE

a ministry of international accelerated

Mission Team Application

MAIL APPLICATIONS TO: **96 WATERMAN AVENUE, ALBANY, NY 12205**. YOU MUST ALSO INCLUDE A:
RECENT PHOTO, SIGNED CONDUCT & DRESS CODE AGREEMENT, AND CHECK FOR \$145 (made out to IAM).

PERSONAL

Full Legal Name (First/Middle/Last) _____ Birthday _____

Mailing Address _____ Male _____ Female _____

Street Address (if different from Mailing) _____

City/ State/Zip _____ Telephone _____

E-Mail Address: _____ Social Security _____

Passport # (if applicable) _____ Issuing Country _____ Expires _____

T-Shirt Size: _____ Pant Size: _____ Marital Status: Single Engaged Married Separated Divorced

Contact in the case of an emergency: **NAME:** _____

ADDRESS: _____

TELEPHONE: _____ **RELATIONSHIP:** _____

Who do you live with?

Mother/Guardian:

Last Name: _____

First Name: _____

Telephone: _____ email: _____

Father/Guardian:

Last Name: _____

First Name: _____

Telephone: _____ email: _____

If parents are divorced, who has legal custody? Father Mother Joint Other (Name) _____

Have you ever been treated for mental or emotional illness? _____ If so, explain: _____

Do you have any physical limitations that could be affected by being in a foreign country?

List any medical conditions/allergies:

List any dietary Restrictions:



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List current medications you are taking (prescription): _____

CHURCH LIFE

Home Church _____ Pastor's Name _____
Church Mailing Address _____ City/State/Zip _____
Telephone _____ Years attended _____

SCHOOL/EMPLOYMENT

Are you still in high school? _____ If so, last year completed? _____

Please list high schools, college, or other vocational or private schools attended: _____

Present Employer: _____ Occupation: _____

MISSIONS

Have you ever been on a Youth Ablaze trip? If yes, when & where: _____

Do you speak any foreign languages? If yes, which ones: _____

Tell us the trips you are interested in:

First Choice _____

Second Choice _____

Third Choice _____

WE ASK THAT **ONLY THE APPLICANT** TYPE YOUR ANSWERS TO THE FOLLOWING QUESTIONS

ON A SEPARATE SHEET AND SUBMIT WITH YOUR APPLICATION:

1. When did you accept the Lord Jesus as your personal Savior? Tell us about it!
2. Describe your walk with the Lord.
3. List the position(s) held and activities you have been involved in at your church or civic groups.
4. What skills or experience do you possess that would be useful on this mission?
5. What are the goals you have set for your time of service?
6. How did you hear about Youth Ablaze?
7. Have you been on other mission trips or to other countries? With who and where did you go?
8. What valuable lessons did God give you from that trip?
9. What is your relationship with your family like?



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ANSWERING THE FOLLOWING QUESTIONS HONESTLY WILL NOT AUTOMATICALLY EXEMPT YOU FROM THE TRIP!

Have you ever:

Been suspended or expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Served time in a detention center or jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had breathing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had psychiatric care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved with tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Taken depression or behavioral medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved with alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been sexually active? (omit if married)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved with illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been pregnant or fathered a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved with gang-related activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been involved in homosexual activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved with a cult or the occult?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intentionally inflicted harm on yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had diabetes or hypoglycemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been treated for physical impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had fainting spells?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been treated for mental impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently romantically involved with someone? _____ If so, are they also applying? _____

What is his/her name? _____

Please list 3 people we may contact as references (other than your Pastor):

Name: _____ Position/Title: _____

Phone: _____ email address: _____ Relation to you: _____

•••••

Name: _____ Position/Title: _____

Phone: _____ email address: _____ Relation to you: _____

•••••

Name: _____ Position/Title: _____

Phone: _____ email address: _____ Relation to you: _____

I have read and understand the above information. The information I have provided to IAM is accurate and true to the best of my knowledge. I also give IAM and Youth Ablaze the right to use my picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature, and that of my parent or legal guardian if applicable, signifies my approval.



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STUDENT SIGNATURE _____

DATE _____

PARENT or GUARDIAN SIGNATURE FOR THOSE UNDER THE AGE OF 18 _____

DATE _____

PARENT or GUARDIAN SIGNATURE FOR THOSE UNDER THE AGE OF 18 _____

DATE _____

Application Fee & Airline Deposit:

A non-refundable Application Fee of \$45 is required in order to process your application. In addition, you must also include a \$100 refundable airline deposit. Please make \$145 checks out to IAM.

Payment method: Check or Money Order Visa Mastercard

Name as it appears on credit/debit card: _____

Cardholder's Signature: _____

Credit card number _____ expiration date _____

Thank you for applying.

For Office Use Only:

IAM/Youth Ablaze Official Signature

Accepted (Y or N)

DATE

Date Received: _____ Application Process Date: _____ Pastor's Reference Rec'd Date: _____

Fee Received: _____ Cash: _____ Check: _____ Check #: _____