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GO ABACO

Student Ambassador Application

(Type or print in ink)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Birthdate _____ Male _____ Female _____ Birthplace _____

Citizenship _____ Passport Number _____ Social Security Number _____

Marital status (circle one) single Married Height _____ Weight _____ T-shirt size _____

EDUCATIONAL INFORMATION

Which school do you presently attend? _____

What grade? _____ What is your favorite course to study? _____

FAMILY INFORMATION

Father _____ Occupation _____

Church Membership _____

Mother _____ Occupation _____

Church Membership _____

Parent(s) address, if different from applicant _____

CHRISTIAN EXPERIENCE

Has the born again experience occurred in your life? ___ yes ___ no At what age? _____

Have you been baptized in water? ___ yes ___ no At what age? _____

Are you a member of a local church? ___ yes ___ no At what age? _____

Church name _____

Senior Pastor _____

Church Location _____

List the areas of Christian service where you have or are presently serving _____

MISSIONS EXPERIENCE

Have you ever traveled outside the continental USA? ___ yes ___ no

If so, for what purpose? _____

where? _____ when? _____

List experience in personal or group witnessing _____

Have you ever been convicted of, or pleaded guilty to, any charge of sexual misconduct? ___ yes ___ no

(This question is asked twice on purpose)

Have you ever been convicted of, or pleaded guilty to, any charge of sexual misconduct? ___ yes ___ no

APPLICATION FEE

Attach the \$100.00 non-refundable deposit in the form of a check or money order, made out to GO ABACO, and send it in with this application. This deposit will be applied to the cost of your trip.

I hereby apply for acceptance as a GO ABACO Team Member. I have read and understand the application materials regarding the application process and participation. If accepted, I will work in harmony with the vision of GO ABACO and with the GO ABACO leadership. As a team member, I will seek to spread the Good News of Jesus Christ to the world.

I hereby affirm that the above information is true and correct to the best of my knowledge.

Applicant's signature _____ Date Signed _____

If applicant is under the age of 21, signature of both parent(s) or guardian(s) is required.

Father/Legal guardian signature _____ Date signed _____

Mother/Legal guardian signature _____ Date signed _____

Mail completed application with deposit and a copy of passport and attached photo to:

GO ABACO
PO BOX 1189
ELDERSBURG, MARYLAND 21784

GO ABACO

Senior Pastor Recommendation

(PLEASE PRINT IN INK OR TYPE)

PART I - TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Date Submitted _____

PART II - TO BE COMPLETED BY THE SENIOR PASTOR THIS RECOMMENDATION IS CONFIDENTIAL

Date _____

Pastor's name _____

Address _____

Phone _____ Fax _____

Based upon your association with the applicant, respond to the following statements in the left column by checking the appropriate evaluation in the right column.

PERSONAL TRAITS	EXCELLENT	ABOVE AVERAGE	AVERAGE	QUESTIONABLE	NO OPPORTUNITY TO OBSERVE
Consideration of others					
Cooperation with leaders					
Conduct with the opposite sex					
Racial attitudes					
Honesty					
Temperament					
Dependability					
Respect for authority					
Open to new ideas					
Ability to resist compromise					
Resourceful					
Ability to interact in groups					

1. How long have you known the candidate? _____
2. In what relationship have you known and observed the candidate? _____

3. State briefly your opinion of the applicant's dedication to his/her faith. _____

4. What leadership ability has the applicant evidenced? _____

5. What special talents has the applicant demonstrated? _____

6. Does he/she have any emotional, mental, or physical handicaps? _____

7. Please state any other information you feel would be of value to the application review committee. _____

8. Overall, how would you rate applicant as a potential GO ABACO participant?

___ Great ___ Good ___ Fair ___ Poor

Signature of Senior Pastor _____ Date _____

Please mail to:

GO ABACO
PO BOX 1189
ELDERSBURG, MARYLAND 21784

GO ABACO

Consent to Travel

(This form is to be completed by participating MINORS only)

We _____ and _____ give our full approval and
Father/Legal Guardian Name Mother/Legal Guardian Name

consent to _____ (our ___ son ___ daughter) to travel from Baltimore,
Participant's Name Please check one

Maryland to Abaco.

Both parent(s) or guardian(s) must sign this form.

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____

THIS FORM MUST BE NOTARIZED

I (we) the Parent(s)/Legal Guardian(s)

_____ and _____ of
Father/Legal Guardian Name Mother/Legal Guardian Name

_____ of
Participant's Name

have read and understood the Consent to Travel.

This document is signed at _____ County

in the state of _____ this _____ day of _____, 2_____.

Notary Signature _____

My Commission expires _____, 2_____.

GO ABACO

Liability Release Form

Release of All Claims

We (I) being 18 years of age or older, do for ourselves (myself) (and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Church of God International Offices, the Church of God Regional Offices in Maryland, the Freedom Christian Church, Mission Baltimore and the director thereof from any and all liability, claims, or demand for personal injury, sickness, or death, as well as property damages, theft, and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while participating in the trip of activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, travel, ministry, and work activities involved therein.

Further, authorizations and permission is hereby given to said church to furnish necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said program and offices, their directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

THIS FORM MUST BE SIGNED AND NOTARIZED

I, _____
Participant's Name

have read and understood the Liability Release Form.

This document is signed at _____ County

in the state of _____ this _____ day of _____, 2____.

Notary Signature _____

My Commission expires _____, 2____.

GO ABACO

Medical Release Agreement

Please Print

We (I) _____ and _____ do
Father/Legal Guardian Name Mother/Legal Guardian Name
further give my consent for the director or properly appointed staff member of GO ABACO
to secure the administration of medical treatment for my (our) son/daughter
_____ in case of emergency.
Participant's Name

I (we) do further agree to the performance of such treatment, anesthetics, and operations in
the opinion of the attending physician is deemed necessary for my (our) son/daughter.

THIS FORM MUST BE NOTARIZED

I (we) the Parent(s)/Legal Guardian(s)

_____ and _____ of
Father/Legal Guardian Name Mother/Legal Guardian Name

Participant's Name

have read and understood the Consent to Travel.

This document is signed at _____ County
in the state of _____ this _____ day of _____, 2____.

Notary Signature _____

My Commission expires _____, 2____.

GO ABACO

Rules and Regulations Agreement Form

As a precautionary measure, we are asking each participant to review the following information and abide by it at all times. It is the responsibility of the trip leader to see that this trip operates in a safe and effective manner, therefore, your cooperation is necessary.

1. All Ambassadors will work under the leadership and supervision of their Team Leader(s) and missionary hosts.
2. All Ambassadors must work as a team during their mission experience, from departure to return. There is no room for self-absorption in Abaco.
3. All Ambassadors must uphold the rules of dress and conduct denoted by the Team Leader.
4. No Ambassador will EVER separate from the group during travel.
5. Absolutely no dating within the team or with any individual from the host area is permitted. Inability to observe this rule will result in immediate travel home at participant's expense. There are no second warnings with this rule.
6. All Ambassadors will be required to participate in the spiritual development process while on the trip.
7. All Ambassadors will maintain a Christian attitude, demonstrating the love, joy, peace, compassion, and understanding of Christ within the team and with all individuals encountered during the trip.
8. All Ambassadors should encourage one another and help one another through the experiences on the trip.
9. Understanding the responsibilities that are involved in a leadership position, all Ambassadors should give spiritual and practical encouragement and support to their Team Leader(s). Ambassadors should seek to assist the Team Leader(s) everyday in any way possible to facilitate the ministry of the trip.
10. Absolutely no mode of weaponry will be allowed.

**INABILITY TO FOLLOW THE RULES AND REGULATIONS OF GO ABACO
WILL RESULT IN EARLY TRAVEL HOME AT THE PARTICIPANT'S ADDED EXPENSE.**

Applicant's signature _____ Date _____