



MIAMI MISSIONS

JULY 22-26, 2024

MIAMI MISSIONS is a local missions trips hosted by the Pen Florida A/G Youth Ministries. The goal is to provide young people a first hand experience on the mission field. If you desire to be used by God in missions, this trip might be for you. Mission Trips are not for everyone. It is not a vacation to an exotic land, although there will be many wonderful things to see. It is an opportunity for you to be involved in reaching the lost through crusades and street evangelism.

PURPOSE

The purpose of the Miami Mission is to present the Gospel to the lost and hurting. To love communities with the love of Jesus in a tangible way. Students will be taken to downtown and depressed areas and will be given opportunities to minister to people in migrant camps and parks.

WHAT TYPE OF MINISTRY WILL WE DO?

We will be doing street ministry involving drama, singing, person to person witnessing, preaching, etc. Your team will need to come prepared to minister on the streets. Be prepared to do service projects like cleaning a neighborhood or even putting new shoes on kids. Mostly you need to come with a servant's heart and an expectation to see God move in the lives of people.

DESTINATION: Miami Vinyard Church - 12727 SW 122nd Ave, Miami, FL 33186

DATES: July 22-26, 2024

DEPOSIT: non-refundable, but transferable to another individual from the same church.

EARLY DEPOSIT: \$75.00 due by May 30th

REGULAR DEPOSIT: \$100 by July 6th

TOTAL COST: This price include the deposit.

ON-SITE: Early: \$275 / Regular: \$300 (Lodging included)

COMMUTERS: Early: \$210 / Regular: \$235 (Lodging not included)

LOCAL RESIDENTS: Early: \$100 / Regular: \$125 (Lodging included)

ONLINE FINAL PAYMENTS MUST BE RECEIVED BY JULY 6, 2024.

All payments should be made online at PFYOUTH.COM

APPLICATIONS

Early: Applications must be scanned and emailed to youth@penflorida.org by May 30, 2024.

Regular: Applications must be scanned and emailed to youth@penflorida.org by July 6, 2024.

NO APPLICANTS ACCEPTED AFTER JULY 6TH

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MIAMI MISSIONS PARTICIPANT APPLICATION FORM

This application will not be accepted without the deposit. The deposit is transferable but not refundable, unless the application is not accepted. Final payment is due by July 6, 2024. All payments should be made online at PFYOUTH.COM.

Requirements: you must be at least 15 years old, saved, have a desire to go and not be sent by mom or dad, display qualities of a Christian, and have a pastor's recommendation. Youth Pastor must accompany the students unless previous approval is obtained from the District Youth Department.

PLEASE PRINT CLEARLY! Deposit Paid: \$ _____ **SELECT ONE:** Onsite Commuter Local Resident

First/Last Name (name you go by): _____

OFFICIAL First/Middle/Last Name (for insurance coverage): _____

Home Address: _____

City: _____ State: _____ Zip: _____ T-Shirt Size: S M L XL 2XL 3XL

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Applicant's Email: _____

SS#: _____ (Only applicants 18 & over, to secure a required background check)

Due to increasing legal liabilities, all those that apply who are 18 & over must submit to a DCF Level 2 criminal background check. Their completed birth date (MM/DD/YYYY) and social security number must be accurate. Please schedule and arrange to have a DCF Level 2 background check completed upon acceptance of this application. Final approval of this application can only be completed after the background report is approved.

Applicant's Cell Phone: (____) _____ - _____

Father's Name: _____ Father's Cell Phone: (____) _____ - _____

Mother's Name: _____ Mother's Cell Phone: (____) _____ - _____

Do you live with both parents? Yes No If no, who is your primary guardian? _____

If you are an adult, not living at home, please list the following:

Emergency Contact: _____ Emergency Phone: (____) _____ - _____

MEDICAL INFORMATION

Are you in good physical health? Yes No If no, please explain: _____

Do you have any physical handicaps? Yes No If yes, please explain: _____

Will you be willing to eat whatever food you are served? Yes No If no, please explain: _____

Do you have any known allergies? Yes No If yes, please explain: _____

Are you currently taking any medications? Yes No If yes, please explain: _____

Year the applicant received Tetanus Toxoid immunization: _____

Can the Missions Director give Tylenol to your child? Yes No

What communicable diseases has this camper had:

- Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough Other

Does applicant have: Heart Trouble Ear Trouble Asthma Hernia Sleepwalking

Other: _____

EDUCATIONAL INFORMATION

How many years of schooling have you completed? _____

Do you speak any foreign languages? Yes No If yes, please list and note how fluent: _____

Please list any special skills, abilities, musical talents, etc., you may have: _____

SPIRITUAL INFORMATION

Please check which of the following you have personally experienced:

Accepted Christ, Year: _____

Water Baptism, Year: _____

Baptized in Holy Spirit, Year: _____

Do you love Jesus with all of your heart and your lifestyle shows it? Yes No

MISSIONS EXPERIENCE

Please describe your involvement in your local church: _____

Why do you want to participate in this Miami Mission In-state Trip? _____

How did you learn about this missions trip? _____

Have you ever participated in a Missions trip before? Yes No

If yes, what year(s) did you participate? _____

Where did you go? _____

2024 MIAMI MISSIONS CONSENT & AGREEMENT FORM

(1 PER STUDENT—PARENT AND APPLICANT SIGNATURES REQUIRED BELOW)

Authorization for: _____
Student Name (Last, First) Church City / Church Name

APPLICANTS BASIC INFO

Birthdate: _____ / _____ / _____
 Home Address: _____ City: _____ ST: _____ Zip: _____
 Parent/Guardian Name: _____ Parent/Guardian Phone: _____

HEALTH CARE INFO

Insurance Carrier: _____ Insurance Phone: (_____) _____ - _____
 Insurance Policy and/or Group Number: _____
 Policy Holder Name: _____
(First) (Last)
 Coverage Start: _____ Coverage End: _____ **Applicant is not covered by medical insurance of any kind.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing this form, I affirm that the information submitted is true and accurate to the best of my knowledge. I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered attendee at any Peninsular Florida Assemblies of God Miami Missions, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Trip to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I understand that should such treatment be necessary that the Peninsular Florida Assemblies of God provides only secondary insurance, and begins where the attendee's primary health and accident insurance policy has been extended to its limits. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Mission Trips are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that Miami Missions is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the Trip.

We give full permission to Peninsular Florida Assemblies of God to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student. AGREE DISAGREE

I have reviewed the Frequently Asked Question webpage and gone over the policies with my child. Applicant's signature below confirms his/her agreement to abide by trip policies including dress code.

SIGN HERE:

PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN NAME (PRINT)	DATE
APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE

2024 MIAMI MISSIONS MEDICAL RELEASE FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)

(1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: _____

Student Name (Last, First)

Church City / Church Name

If your student needs to bring any medication on the mission trip, please complete this information within 24 hours prior to your arrival. ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINERS. Place all medication containers in a plastic re-sealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive. The students Youth Pastor will receive and administer medications during the missions trip. Inhalers are the only medications that can be kept with the student (please send two in case one is lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the Youth Pastor.

No MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.

Name of Medication	Dosage	Time to be given	Mon	Tues	Wed	Thurs	Fri
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/

Medications will be given as directed on prescription containers. Explain any differences in instructions: _____

I authorize the Youth Pastor from our group to administer the medications listed above. In addition, I authorize the Miami Mission Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

SIGN HERE:

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

DATE

PASTORAL RECOMMENDATION

2024 Miami Missions

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT):

Name: (Last/First/Middle): _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____ Mobile Phone: (_____) _____ - _____

E-mail Address: _____

PFYouth AIM Trip Applying for: _____

THIS SECTION IS TO BE COMPLETED BY THE PASTOR WHO IS REFERRING THE STUDENT:

The above-named person is applying for a short-term missions trip through the Pen Florida Assemblies of God. 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 Missions program. We appreciate your candor; please know your answers will be kept confidential. Please give the form to the trip leader in a sealed envelope or send directly to the District Youth Department (PO Box 24687, Lakeland FL 33802; or scan/email to youth@penflorida.org).

If you are related to the applicant, this evaluation should be completed by 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 one)

not very well casually well very well

3. Do you believe the applicant is a committed Christian? Yes No

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 of any reason why the applicant wouldn't be suitable to participate on an AIM trip?

Yes No If yes, please explain. _____

Continued on next page.

Pastoral Recommendation (continued)

Please rate the applicant on the following areas:

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/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/her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at the following number during the day:

(_____) _____ - _____

Pastor's Information

Church Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Church Phone: (_____) _____ - _____ E-mail: _____

Position/Title: _____ Date: _____

Pastor's Name (please print)

Pastor's Signature