

Dear Friend,

Thank you for your interest in a short-term missions assignment with MAPS. Missions Abroad Placement Service (MAPS) places volunteers with our Assemblies of God missionary personnel for assignments up to eleven months in countries all over the world. This packet contains the necessary paperwork to start you on the journey to becoming a MAPS volunteer.

To be considered for a MAPS assignment you need to complete an application and submit references as indicated on the enclosed document entitled "Processing for your MAPS Assignment." Reference forms will be emailed to those you list on your application. This is true of both husband and wife.

Once the application and references are turned in, the file is reviewed by the screening committee. The committee will make a recommendation regarding possible placement with a missionary. The Personnel and Family Life Office will contact you once your file has been reviewed. If you are recommended for placement, we work with you to find a missions assignment that fits your gifts and availability. Upon approval, an approval packet will be sent to you. The packet will help to prepare you for ministry overseas and provide information on immunizations, passport, visas, insurance, fundraising, etc. At that time you will also be put in touch with your missionary to work out details regarding budget, dates, and housing.

MAPS volunteers need to raise funds for food, housing, local transportation, travel to the field and insurance. It is important not to make travel arrangements or start fundraising until your assignment has been approved and you have received the approval packet. Timing is important. Typical applications can be processed within two weeks, however you should allow yourself time to raise support for your assignment.

We look forward to helping you pursue God's will and direction for your life through overseas missions. Whether this is your only trip or the first step in a life-long career in missions, we pray that this would be a life-changing experience for both you and the people to whom you minister.

Sincerely,

A handwritten signature in cursive script that reads "Rick Johnson".

Rick Johnson, Director
Personnel & Family Life

Enclosures

PROCESSING FOR YOUR MAPS ASSIGNMENT

Thank you for your interest in a short-term missions assignment. It is our privilege to work with lay people and ministers who are interested in an assignment up to eleven months with the Assemblies of God World Missions. The enclosed packet is for your convenience in making application.

MAPS places individuals year-round for up to eleven months. Applications should be received in the MAPS office about six months prior to the desired assignment date. Time is important, so please fill out and return your application as soon as possible.

HOW TO USE THIS PACKET

Carefully read the information on each page. If you have questions, please write or call the AGWM MAPS office, 1445 North Boonville Avenue, Springfield, Missouri 65802; telephone (417)862-2781 ext.2088, or e-mail <AGWMMAPS@ag.org>.

- ✓ The application: Answer all questions thoroughly and in detail. Either type or print clearly. A clear recent photo must be attached before your application can be finalized. If possible, list the exact date you are free to leave for your assignment and the date you need to return.

- ✓ References:

If you are a student in an Assemblies of God college to (1) your senior pastor, (2) a Christian student friend, (3) a college staff or faculty member who knows you well, and (4) either a current or former employer or another adult Christian friend.

If you attend a non-AG college or university to (1) your senior pastor, (2) a Christian student friend, (3) another adult Christian friend and (4) a current or former employer. Three references are required.

All others to (1) their senior pastor, (2) a close Christian friend, (3) another church friend or leader, (4) and a current or former employer.

- ✓ When your application and reference forms are received in our office, your file will be reviewed by the screening committee. If the committee recommends you for placement, possible assignments will be discussed with you, and an assignment finalized. We will then notify your missionary.

- ✓ Your pastor will also be informed of your assignment and encouraged to assist you regarding how to raise the support money you will need. You should also approach your pastor about your financial needs. Once approved, you should begin raising your support from your home church where you have friends and relatives. Be sure to clear all fund-raising procedures and ideas through your pastor. Plan to take all funds with you for your entire short-term assignment (only if serving for 1-3 months).
- ✓ The Missionary Services office can help you with visa, passport, and travel information. Contact your local travel agency for obtaining your visa, passport, and travel arrangements. Do not make travel plans until your assignment is approved and your visa and passport have been received. When your travel plans are made, confirm them with your missionary and your MAPS processor as soon as possible.
- ✓ When your assignment is finalized, we will put you in contact with your missionary. You must correspond with him/her and ask any further questions not answered by the information available from this office.
- ✓ It is urgent that you mail all forms and information to our office promptly. Geographical constraints sometimes restrict timely communication with missionaries in foreign countries. In turn, we will immediately correspond with or call you when we receive further details.
- ✓ A \$50 cost is required of all short-term volunteers who are approved and assigned with a missionary. This is to offset the costs of items such as background checks, books and materials made available to each applicant. This cost is non-refundable upon approval.
- ✓ We await word that you are following through with an assignment. If you must cancel your assignment, please write or call our office immediately. Our staff is always available to assist you in making plans for what may be the greatest experience of your life.



Missions Abroad Placement Service

For MAPS office use only:
 Date Received: _____
 Account #: _____
 Date on MIA: _____
 Placement Fee Paid: _____

Please type or print in black ink. Answer each question carefully, and do not abbreviate.

PERSONAL

Name: _____
Last First Middle

Preferred Name or Nickname: _____

Permanent Residence: _____
(For IRS purposes – PO Box unacceptable) Street Address

City State ZIP Code

Permanent Mailing Address: _____
Street Address

City State ZIP Code

College (if applicable): _____

Current Address: _____
Street Address

City State ZIP Code

Home Telephone Number: _____

Work Telephone Number: _____

Cell Phone Number: _____ College Telephone Number: _____

Fax Number: _____ E-Mail Address: _____

Date of Birth: _____ City of Birth: _____ County of Birth: _____

State of Birth: _____ Citizenship: _____ Social Security Number: _____

Marital Status: Single Married Widowed and Remarried Divorced and Remarried

* Please provide a written statement including cause, dates, financial and/or custody responsibilities.

SEND A WALLET-SIZE PHOTO OF YOURSELF AND A COPY OF YOUR SOCIAL SECURITY CARD TO:

agwmmaps@ag.org

Or

AGWM MAPS

**1445 North Boonville Avenue
Springfield, MO 65802-1894**

(Include copies of social security cards for children claimed on income tax.)

Full Name of Spouse: _____

Should you be assigned, would your spouse accompany you? Yes No

Wife's Maiden Name: _____ Date of Marriage: _____

How many children do you have at home? _____ Please List their ages: _____

Are you in the process of adopting? Yes No

Should you be assigned, would your children accompany you? Yes No

If no, please explain other arrangements made for care of your children. _____

Do you have ministerial credentials with the Assemblies of God? Yes No District: _____

Type of credentials: Ordained Licensed Special License Certified Minister Date: _____

EMERGENCY CONTACTS

1. Name _____ Relationship _____
Home Phone (____) _____ Work Phone (____) _____
Street _____ City _____ State _____ ZIP _____

2. Name _____ Relationship _____
Home Phone (____) _____ Work Phone (____) _____
Street _____ City _____ State _____ ZIP _____

SELF ANALYSIS

Your **physical health** is: excellent good fair poor (if "fair" or "poor", please explain below.)

List any physical impairment, chronic disease, or other disability? _____

List any medications and allergies _____

Describe history of any ongoing physical problems and treatments. _____

Your emotional health is: optimistic cheerful pessimistic easily discouraged

Describe any emotional or nervous problems and treatments. _____

Describe your temperament and how you adapt to new and unexpected circumstances. _____

Describe how you get along with: your family _____
peers _____ authority figures _____
team members _____

Does experience lead you to believe you can live and work harmoniously with others whose nature, temperament, and even culture may be different to you? _____

CHRISTIAN EXPERIENCE AND SERVICE

Give the date and place of your conversion to Christ. _____

Have you received the infilling of the Holy Spirit according to Acts 2:4? Yes No

Evaluate your present spiritual relationship with the Lord, describing the pattern of your personal devotional time.

Are you a member of a church? No Yes Name of church: _____

Denomination: _____ City/State: _____

Where do you presently attend church? _____

MINISTRY SKILLS

What church responsibilities/positions have you held (i.e., Sunday School teacher, youth worker, etc.)? _____

List special outreaches in which you have participated (i.e., Teen Challenge, AIM, other witnessing efforts). _____

List MAPS and/or Missionary Associate assignments you have taken, where and when. _____

Mark the types of work and ministry for which you are best qualified:

__ Medical/health	__ Office work/computers	__ Education	__ Food Preparation	__ Graphic Arts
__ Carpentry/construction	__ Audio/Visual Media	__ Puppets/clowning	__ Children's work	__ Youth work
__ Personal evangelism	__ Crusades	__ Bible teaching	__ Coaching athletics	__ Drama
__ Music, vocal	__ Music, instrumental	__ Preaching	__ Arts and crafts	__ Other

Describe "other" or elaborate on your experience using any of the above skills: _____

In addition to English, what language(s) do you speak? _____

How well do you converse in the language(s)? _____

PERSONAL HISTORY

EDUCATION

Name of College or Technical Institution City/State	Entrance Date	Leaving Date	Diploma/Degree or Semester Hours	Major/Minor or Course(s)

EMPLOYMENT

Title/Job Description <i>(begin with present job)</i>	Name of Employer City/State	Beginning Date	Leaving Date	Reason for Leaving

Have you ever been discharged or asked to resign from any job or military? No Yes

Have you ever been arrested or charged with any violation of any law or ordinance? No Yes

In the past five years have you used drugs, alcohol or tobacco? No Yes

In the past five years have you intentionally viewed pornography? No Yes

If you responded yes to any of the items above include a brief explanation of each item.

ASSIGNMENT INFORMATION

Length of service you wish: ____ weeks OR ____ months (maximum 11 months)

When are you available? _____

In which country are you most interested, and why? _____

Do you already have an invitation from an Assemblies of God missionary? Yes No If so, from whom? _____

_____ What dates? _____

Would you be open to serving in another country? _____

Can you provide your MAPS support from personal funds? Yes No

If not, how do you plan to raise your support? _____

PERSONAL REFERENCES

Please give complete information.

Senior Pastor _____ Telephone (____) _____

Address _____ City _____ State _____ ZIP _____

E-mail Address _____ Fax (____) _____

Church Board Member _____ Telephone (____) _____

Address _____ City _____ State _____ ZIP _____

E-mail Address _____ Fax (____) _____

Employer _____ Supervisor _____

Address _____ City _____ State _____ ZIP _____

Telephone (____) _____ **May we contact this employer?** _____

E-mail Address _____ Fax (____) _____

Friend _____ Telephone (____) _____

Address _____ City _____ State _____ ZIP _____

E-mail Address _____ Fax (____) _____

Educator* _____ Telephone (____) _____

Address _____ City _____ State _____ ZIP _____

E-mail Address _____ Fax (____) _____

*If you have been out of school more than five years, give the name of another reference and indicate your relationship (such as "friend," "coworker," etc.).

Having prayerfully considered my desire to fulfill what I believe to be God's leading, I hereby make application as a MAPS Volunteer.

Pastor Reference Form – AGWM MAPS

Applicant's Name _____

NOTE: Check (√) the column for each characteristic which most accurately describes the applicant from your point of view. When answering all other questions, comment openly and thoroughly with as many details and examples as possible.

1. How long have you known the applicant? _____

2. Under what circumstances have you known and observed the applicant? _____

3. PHYSICAL	Excellent	Above Average	Average	Questionable	No Opportunity to Observe
1. Health					
2. Energy (stamina)					
3. Appearance (physical)					
4. Appearance (dress and attire)					

Define any outstanding traits or problems _____

4. EMOTIONAL	Excellent	Above Average	Average	Questionable	No Opportunity to Observe
1. Emotional stability					
2. Temperament					
3. Resistance to depression					
4. Reaction to new situations					
5. Dependability					

Comment about the applicant's a) sense of self-worth, b) about whether his/her outlook on life is positive, enthusiastic, or if he/she is given to periods of depression, anger, and/or c) about his/her ability to cope with change or differing views _____

5. SOCIAL	Excellent	Above Average	Average	Questionable	No Opportunity to Observe
1. Attractiveness of character					
2. Consideration of others					
3. Friendliness					
4. Cooperativeness					
5. Tact					
6. Family relations					
7. Conduct with opposite sex					
8. Conduct with same sex					
9. Attitude toward members of other races					
10. Honesty					

Describe outstanding characteristics or conflicts resulting in any of the above _____

6. INTELLECTUAL	Excellent	Above Average	Average	Questionable	No Opportunity to Observe
1. Ability to complete tasks					
2. Leadership ability					
3. Self-discipline					
4. Outlook on life					
5. Clarity of speech					
6. Teachableness					
7. Study habits					

Comment about the applicant's learning, leadership and communication abilities _____

7. VOCATIONAL	Excellent	Above Average	Average	Questionable	No Opportunity to Observe
1. Knowledge of vocation					
2. Skill in vocation					
3. Alertness to new ideas					
4. Respect for authority					
5. Group loyalty					
6. Sense of responsibility					
7. Resourcefulness					

Describe the applicant's a) ability to formulate, implement and carry plans to a conclusion, b) sensitivity toward his/her task and other people, and c) his/her response to, and use of authority _____

8. SPIRITUAL	Excellent	Above Average	Average	Questionable	No Opportunity to Observe
1. Spiritual maturity					
2. Burden for souls					
3. Consistency of testimony					
4. Effectiveness in witnessing					
5. Devotional life					
6. Involvement in Christian service					
7. Faithfulness in church attendance					

Comment on the applicant's commitment to doctrinal beliefs, convictions, principles, spiritual growth and Christian service. _____

9. Is there any reason why this applicant should not work with children or adults? Yes _____ No _____

If yes, please explain: _____

10. To your knowledge, has the applicant's interest been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? Yes _____ No _____

If yes, please explain: _____

11. Please list any reasons why this applicant would not be able to complete a MAPS assignment. _____

12. If possible, list others qualified to give a sound appraisal of the applicant:

Name	Address	E-Mail Address	Relationship to Applicant

13. Check your rating of the applicant's potential in service:

_____ Excellent _____ Above Average _____ Average _____ Below Average _____ Do Not Recommend

14. Summary paragraph: Please state frankly your opinion of the applicant's fitness for service and vocational potential, adding significant information and impressions you feel will guide us in processing this applicant.

I, the undersigned, give authorization to share this reference with the prospective mentoring missionary and area director.

**Under no circumstances will the above information be viewed by the individual for whom it is being provided.*

Your Name (PRINT) _____ Address _____

Occupation _____ City _____ State _____ Zip _____

Organization _____ Phone Number (____) _____

Church Affiliation _____ Date _____

Return this form to: **AGWM, Personnel and Family Life Department**
1445 Boonville Avenue
Springfield, MO 65802
Phone (417) 862-2781, Fax 417-869-6280

Reference Form – AGWM MAPS

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ASSUMPTION OF RISK AND INSURANCE ELECTION

Missions Abroad Placement Service

PART 1—Assumption of Risk

In consideration of my acceptance as a short-term volunteer with the Missions Abroad Placement Service (MAPS) of the World Missions of the General Council of the Assemblies of God, USA, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of the World Missions of the Assemblies of God, or the General Council of the Assemblies of God, USA.

2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

4. Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against the World Missions of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the MAPS trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverages described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. I understand and accept the following policy of the Assemblies of God World Missions regarding ransom payments:

The Assemblies of God World Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God World Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

PART 2—INSURANCE ELECTION

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that AGWM currently requires the insurance coverage summarized below, that I am responsible for the cost of such insurance, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary:

- \$100,000 24-hour accidental death and dismemberment
- \$1,000 monthly limit for permanent total disability based on an accident (100-month maximum, with a 12-month waiting period)
- \$1,000 monthly limit for permanent total disability based on illness (50-month maximum, with a 12-month waiting period)
- \$50,000 accident medical limit
- \$10,000 sickness medical limit
- \$50 deductible per occurrence
- \$75,000 medical evacuation limit
- \$10,000 repatriation limit

I understand that if I leave for the field prior to receiving approval for my assignment and/or prior to providing AGWM with my travel itinerary and insurance premium, the Assemblies of God World Missions will not, in any way, be responsible for my medical coverage, finances, or any related responsibilities until the appropriate approvals have been granted and documentation and fees have been received by AGWM.

I also understand that I am responsible for notifying Assemblies of God World Missions each time I leave for the field and each time I return back to the United States. Failure to do so may result in the termination of my assignment with Assemblies of God World Missions.

GUARANTEE TRUST LIFE INSURANCE COMPANY
BENEFICIARY DESIGNATION

Insured's Name (print) _____
Last First Middle Initial

Start Date of Travel: _____
Month Day Year

Primary Beneficiary: _____

Beneficiary's Relationship to Insured _____

Secondary Beneficiary: _____

Beneficiary's Relationship to Insured _____

Policyholder: _____ *Assemblies of God*

Policy Number: _____ *246-018-001T*

MAPS



Code of Conduct

As a MAPS volunteer/team member I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only my local church, but also the Assemblies of God World Missions, the General Council of the Assemblies of God, and the United States as a whole.

I will follow Christ's example of honesty, unselfish love, and purity of thoughts and action in my public and private life and in my relationships with family and colleagues.

I understand the Assemblies of God official statement of abstinence from alcohol, tobacco, and controlled substance use and/or abuse. In respect to God, the Assemblies of God and its missionaries, and the national church that I will be ministering to, I will refrain from:

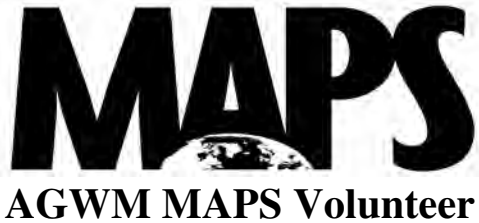
The purchase and/or use of *any* kind of alcoholic beverage

The purchase and/or use of *any* tobacco products

The purchase and/or use of *any* other controlled substance

(Does not include the use of personal medications, as prescribed by a doctor, or the use of necessary over-the-counter medications such as Aspirin, Tylenol, Pepto-Bismol, etc.)

I have read and understood the above policy. I promise to forego my personal convictions on the subject in order to maintain unity and to avoid controversy in the body of Christ.



AUTHORIZATION FOR RELEASE OF INFORMATION

By my submission, I do request and authorize all persons, organizations, and agencies, including, but not limited to, present, former, and future employers, churches, banks, credit unions, insurance companies, the Ministers Benefit Association, other financial institutions, and creditors, to release to the designated recipient identified below all information, records, and opinions of any nature pertaining to:

1. Background verification including a criminal record search for prior addresses for the last five years and a Social Security number trace.
2. My reputation, character, spiritual maturity, and fitness for missionary service.

By submitting this Authorization, I specifically release the supplier of any information from restrictions of confidentiality or privileged communication pertaining to the information about myself as reflected in the material sent out in response to this Authorization. The designated recipient has accepted responsibility in the use of this information that is acceptable to me. I further release hereby Assemblies of God World Missions and the designated recipient identified below from any and all liability of every nature and kind arising out of reliance upon any information provided pursuant to this release. Neither Assemblies of God World Missions nor the designated recipient designated below shall be required to verify any information received during the course of an investigation, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read the above provisions, and waive my right of access to any recommendations or other information provided pursuant to this authorization.

A photographic type of reproduction of this signed authorization shall have the same authority as the original.

Recipient: Richard Johnson, Director
Personnel and Family Life Department
Assemblies of God World Missions
1445 North Boonville Avenue
Springfield, MO 65802-1894

Signature: _____
Mr. (Legal signature as shown in your records.) Ms./Mrs.

Printed Name: _____
Mr. Ms./Mrs.

Witness*: _____
*Witness must not be a relative nor AGWM staff. Date

Printed Name: _____

Physical Activity Questionnaire

Name _____ Height _____ Weight _____

Mark the statement which best describes you: Physical activity means physical exercise at least 3 times a week for at least 20 minutes each time

_____ I have been doing regular physical activity for more than 6 months
_____ I have been doing regular physical activity, but for less than 6 months.

What is your usual pace of walking?

_____ Casual or strolling - less than 2 mph
_____ Average or normal - 2 - 3 mph
_____ Fairly brisk - 3 - 4 mph
_____ Brisk or striding - 4 mph or faster

Answer the following questions:

_____ A flight of stairs equals 10 steps
_____ How many flights of stairs do you climb each day?

_____ How many times a week do you engage in regular activity such as brisk walking, jogging, bicycling, swimming, etc to the extent that you work up a sweat, get your heart thumping, and/or become short of breath?

_____ In the last 7 days, on how many days did you walk for at least 10 minutes at a time?

_____ How far can you briskly walk before you need to stop and rest?

How much time a day do you spend on the following activities? Total each day should equal 24.

Weekdays- Weekends

_____ _____ **Vigorous Activity**
Digging in the garden, strenuous sports, jogging, aerobic activity, sustained swimming, brisk walking, heavy carpentry, bicycling on hills, cardiac workout, etc

_____ _____ **Moderate Activity**
Housework, light sports, regular walking, golf, yard work, lawn mowing, painting, repairing, light carpentry, bicycling on level ground etc.

_____ _____ **Light Activity**
Office work, driving car, strolling, personal care, standing with little motion, etc

_____ _____ **Sitting Activity**
Eating, reading, deskwork, watching TV, listening, to radio, etc.

_____ _____ **Sleeping or reclining**

Totals:

_____ 24 _____ 24

PERMANENT RESIDENCE DECLARATION

THIS DOCUMENT IS REQUIRED FOR MAPS ASSIGNMENTS OF FOUR TO ELEVEN MONTHS ONLY!

MAPS assignments are considered “temporary”. The term “temporary” is defined as less than one year for Internal Revenue Service purposes. In order to comply with IRS guidelines that would permit the cost of moving and living overseas to be considered non taxable, all applicants must have a place of permanent residence and the related concurrent expenses of a residence in the United States. Under most circumstances, students enrolled in college who maintain a room at their parent’s home would be considered as having met these criteria.

Please review this information and select ONE of the two options below.

This document represents a legal response upon which AGWM will base the handling of finances if your file is approved for a MAPS assignment.

- Based on these criteria, if approved, I/we DO qualify as maintaining concurrent expenses of a residence in the United States while on a MAPS assignment.

- Based on these criteria, if approved, I/we DO NOT qualify as maintaining concurrent expenses of a residence in the United States while on a MAPS assignment.

I hereby authorize and agree to the terms and conditions of this application and all accompanying documents including Assumption of Risk, Code of Conduct, Permanent Residence Declaration and the Physical Activity Questionnaire. By typing/signing my name below I give my consent for the processing of this application.

X _____

Date: _____

**SEND A WALLET-SIZE PHOTO OF YOURSELF AND A COPY OF YOUR SOCIAL SECURITY CARD
TO:**

agwmmaps@ag.org

Or

AGWM MAPS

**1445 North Boonville Avenue
Springfield, MO 65802-1894**

(Include copies of social security cards for children claimed on income tax.)

*PRINT A COPY OF THIS APPLICATION FOR YOUR RECORDS