

SERVICE ADVENTURE

First-Time Adults (18 and Older)

What Is the Service Adventure?

The Service Adventure is a short-term mission trip that challenges you to experience service and ministry on a whole new level. The combination of Service and Adventure makes it an exciting opportunity for Christian growth! For two weeks you can join participants from different countries as they come together for one purpose—to become better prepared to serve the Lord. Whether that means serving in your neighborhood, in another part of the world, or possible service through the Educational Assistance program for graduates, you will catch a lifelong vision of a world in need of Christ!

You will have the opportunity to serve the Lord through serving others in need. Be challenged as you step out of your comfort zone and explore a different culture. Meet new people and make friends that will last a lifetime!

Training for Service

On the first week of Service Adventure, you will be challenged and grow along with your team members as you participate in training for ministry and learn to work together through team-building activities as you prepare to serve the Lord and people who serve in schools using the A.C.E. program.

Training for service includes learning how to recognize and fulfill your unique calling by studying what it means to serve the Lord wholeheartedly. Inspiring evening devotions challenge you to action through God's Word, prayer, and Scripture memory. Preparation for service also includes practical classes and activities such as cross-cultural orientation, puppetry, language lessons, and school furniture construction skills.

Part of the adventure will include roughing it by sleeping on a hard surface, eating unusual foods, and using less-than-comfortable bathing facilities—excellent training for missionaries!

Service in Action

Once training is complete, the second week will be spent serving and ministering at needy schools that use the A.C.E. program. You will travel with your team to spend at least five days implementing what you have learned. Teams will enjoy getting to know the people as they minister, build student offices, paint, and do whatever they can to help these schools prepare for the new school year. Participants will have the chance to take part in sharing the Gospel through their testimonies as well as puppetry or drama.

At the end of serving at offsite locations, fellow participants and leaders will return to the Service Adventure base for a day of rest and debriefing. Debriefing is an essential part of the Service Adventure experience because it allows participants to make an overall self-assessment of physical, emotional, mental, and spiritual growth. This is a time for evaluating personal and group experiences, preparing a video presentation to share your adventure, and applying what you have learned to everyday life.

Who Can Attend?

Attendees must be a graduate who used the A.C.E. curriculum, or a parent or staff member associated with the A.C.E. system. A written recommendation from his/her pastor will be required.

To prepare participants better, two exciting PACEs must be completed prior to attending. The A.C.E. Global Advancement Department will provide these PACEs to all registered participants.

Practical Missions Elective

High school students can take part in the Practical Missions elective course by participating in the Service Adventure and completing the Secret of Leadership PACE in conjunction with the Soulwinning PACE. At the end of the Service Adventure, participants will receive a certificate that states they have successfully qualified for this half credit. We encourage students who desire to learn more about missions to take the Introduction to Missions PACEs 1–6 that also count as a half credit, together providing a full missions credit. In order to receive recognition for this high school credit at Service Adventure, the high school participant should complete the PACEs and submit the Service Adventure Training Affidavit before **June 1**.

How to Apply

Step One: To apply for the Service Adventure, send the following printable forms with a **nonrefundable** \$50 registration fee before **May 1** to **Service Adventure, Accelerated Christian Education Ministries, P.O. Box 508, Hendersonville, TN 37077-0508. Or email to hisservant@aceministries.com or fax to 615-612-6069.**

- Application (must include a recent photograph of yourself)
- My Christian Testimony (details about your salvation experience)
- Why I Want To Attend
- Character Reference (sent to ACEM by your pastor/supervisor)
- Consumer Authorization
- Service Adventure Screening Form
- Nonrefundable Registration Fee of \$50
- Health Status
- Medical Release
- Model/Photo Release
- Release of Liability

NOTE: Be sure you have a valid government-issued passport. You must have at least six months of time left on your passport at the end of Service Adventure.

- *Your Service Adventure application will be submitted to an approval committee. Once their decision is made, you will be notified of approval status.*

Step Two: Once you have been accepted, you will receive a packet with a letter, your two PACEs to complete, and any information that you may need to proceed with the registration process. To complete registration, send the following items to ACEM to the above address before **June 1**.

- Service Adventure Training Affidavit
- Transportation and Final Preparations
- Service Adventure Fee of \$348

NOTE: Be sure to secure a passport (if required for travel outside your country).

The Cost

Cost for participation is **\$348**. This fee covers room, meals, equipment, supplies, class materials, training, and local transportation during the Service Adventure. This fee is due June 1. Travel arrangements to and from Service Adventure should be made by each individual participant by June 1. (The participation fee of \$348 does **NOT** include transportation costs from your home to Service Adventure and is in addition to the \$50 registration fee.)

Transportation

Each participant is responsible for making travel arrangements to the Service Adventure site. Please contact us for consultation **PRIOR** to making your travel arrangements! All participants should arrive on the first day and should depart on the last day. Please do not plan to travel on other days.

For More Information

If you would like to learn more about how you can experience this life-changing Service Adventure, please email hisservant@aceministries.com or call 615-612-5200.

Do you want to be an additional blessing? Your church or school can help raise funds for student office construction (\$40 per office) or to purchase other Learning Center needs for the school in which you will serve. If you would like to make donations to help with tools and materials, email the address listed above.

Attach a recent photograph of yourself with the application.

SERVICE ADVENTURE APPLICATION

Step One

Date _____

PERSONAL INFORMATION	
Print Name _____ <small>Last First</small>	Preferred Name _____
Address _____	
City _____	State/Province _____ ZIP/Postal Code _____ Country _____
Home Phone (_____) _____	Cell Phone (_____) _____
Email _____	Date of Birth _____ / _____ / _____ <small>Month Day Year</small>
Age _____ Height _____ Weight _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Country of Citizenship _____	Passport Number _____

PASTOR/SCHOOL INFORMATION	
Pastor's Name _____	Church Name _____
Address _____	
City _____	State/Province _____ ZIP/Postal Code _____
School Name _____	Administrator's Name _____
Address _____	City _____
State/Province _____ ZIP/Postal Code _____	Acct. # _____
Phone (_____) _____	Email _____

List any medical problems or physical limitations _____

Describe your involvement with A.C.E. (*student, graduate, supervisor, parent, pastor, etc.*) _____

Years with A.C.E. _____ Year of high school graduation _____ Denomination/Religious affiliation _____

Position at school? _____ How many years? _____

Responsibilities? _____

Language(s) spoken: First _____ English will be used primarily Second _____ Third _____

Participant Signature _____ Date _____
Your signature verifies that all information is accurate and correct. If getting assistance filling out this form, please indicate that person's name and give the reason.

Person assisting with form _____ Reason _____
Note: Applicants aged 18 and up will be asked to sign a release giving permission to complete a background check before acceptance.

MY CHRISTIAN TESTIMONY

Step One

(Use additional pages, if needed.)

Date of salvation (if known) _____

My salvation experience: Please write a brief statement of your Christian testimony (your salvation experience—the day you accepted Christ)

My participation in church and school activities (current responsibilities at church, current and prior participation during high school years, current community service activities)

Participant's Signature _____ Date _____

Print full name _____ Date _____

Name of contact person who can confirm your involvement. _____

Phone _____ Email _____

SERVICE ADVENTURE

CHARACTER REFERENCE

Step One

(To be completed by someone other than a relative.)

Participant: Please fill in your personal information and give this form to your pastor or supervisor to complete.

Print Name _____ Phone (____) _____

Address _____ City _____

State/Province _____ ZIP/Postal Code _____ Country _____

Dear Pastor or Supervisor: Thank you for assisting with the selection of participants for the ACEM Service Adventure. ACEM is endeavoring to assist mature, committed, Christian young people and adults to represent our Lord as His servants. With this in mind, we ask that you please fill out the Character Reference form and return it to: **Service Adventure, Accelerated Christian Education Ministries, P.O. Box 508, Hendersonville, TN 37077-0508.** All responses will be held in strict confidence.

- How long have you known this prospective participant? _____
- Your relationship with the prospective participant: Pastor Supervisor Other _____
- Please indicate character strengths and weaknesses in the following areas:

	Excellent	Good	Inconsistent	Poor	Unknown
Ability to follow direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functions under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If "Inconsistent" is marked, please explain. _____
- Please note anything, including areas of concern, about the prospective participant or his/her family that you feel we should know. _____
- To the best of your knowledge, does or has the prospective participant engage(d) in the use of tobacco, alcohol, or drugs? Yes No
- Is the applicant active in your church? Yes No If no, which church? _____
- What character trait(s) are demonstrated that you believe qualify this applicant to attend the Service Adventure? _____
- Has the applicant been previously involved in service opportunities? _____ If so, what was his/her participation? _____
- Please indicate your recommendation for this prospective participant.
 - Fully recommend Not recommended at this time
 - Recommend with slight reservations

Your Name _____ Phone (____) _____

Address _____ Email _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Signature _____

CONSUMER AUTHORIZATION – Service Adv. – Fax to 615-612-6154

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of Accelerated Christian Education may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Accelerated Christian Education's consideration of me for a voluntary event, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

VI. I hereby authorize, without reservation, any law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VII. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

CANDIDATE COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City

State

ZIP

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statuses of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by Accelerated Christian Education by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

SERVICE ADVENTURE

HEALTH STATUS

Step One

(Please type or print clearly.)

Print Name _____ Date _____

Please identify any medical conditions or limitations which might affect your performance during the ACEM Service Adventure. _____

Do you have any allergies that require special attention? If so, please explain.

Do you require any medications? If so, please identify by prescription name.

Do you have any dietary concerns or requirements? _____

Have you had surgery during the past 12 months? If so, please explain.

Are you currently under a doctor's care? If so, for what condition?

Doctor's Name _____ Phone (____) _____

Doctor's Address _____
Street
City
State/Province
ZIP/Postal Code
Country

Immunization History			
Please list dates of most recent vaccination boosters.			
Note: The following vaccinations are recommended but not required.			
Vaccine	Date	Travel Immunizations	Date
DTP or DTaP	_____	Hepatitis A	_____
Tetanus Booster	_____	Hepatitis B	_____
MMR	_____	Tuberculosis	_____
Polio	_____	Rabies	_____
Influenza	_____		
H1N1	_____		

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name _____ Relation _____

Phone (____) _____ Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Insurance Company _____ Policy # _____

Phone (____) _____ Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

SERVICE ADVENTURE MEDICAL RELEASE

Step One

(Please type or print clearly.)

I understand that attendance at the ACEM Service Adventure is voluntary. I release A.C.E. Ministries or Accelerated Christian Education, Inc., its employees, ACEM Service Adventure personnel, and the host school(s) selected as official ACEM Service Adventure location(s) from any liability for accidents, sickness, or death that may occur while serving with ACEM Service Adventure, at all times and locations, during ACEM Service Adventure, and while in and/or en route to and from the host country. Supervising personnel in leadership with whom I serve have my permission to take me to a doctor for medical treatment, emergency surgery, or hospitalization if the need arises. **I assume the responsibility of all medical expenses for myself.** Should circumstances require me to return home due to disciplinary action or for medical reasons, I will assume total transportation costs.

Print Name _____

Phone (____) _____ Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

National Identification Number (e.g. Social Security Number) _____

Important: DO NOT SIGN except in the presence of witnesses. Witnesses must be unrelated to prospective participant and at least 21 years of age.

Participant Signature _____ Date _____

Witness Signature _____ Date _____

Witness Signature _____ Date _____



Accelerated Christian Education
Accelerated Christian Education Ministries
MODEL/PHOTO RELEASE
(Step One)



I hereby grant to **Accelerated Christian Education Inc. (A.C.E.) or Accelerated Christian Education Ministries (ACEM)**, its nominees, designees, successors, and assigns or those for whom they are acting, the absolute right and permission to copyright, and/or publish photographic portraits or pictures of me, or in which I may be included in whole or in part, or composite, or distorted in character or form, in conjunction with my own or any other picture, name, or reproductions thereof in color or otherwise made through any media at its property or elsewhere, for art, advertising, business, or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and approve the finished product or the copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless **A.C.E. or ACEM**, its nominees, designees, successors, and assigns, or others for whom **A.C.E. or ACEM** is acting, from any liability by virtue of any use whatsoever, whether intentional or otherwise, or from any charge that may occur or be produced in the taking of said picture or pictures, or any processing rendering towards the completion of the finished product, unless it can be shown that reproduction was maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

Model Name _____
Please Print

Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Model Signature _____ Date _____

If under 21 years of age, the parent or legal guardian of the model must sign here:

Date _____
parent and/or legal guardian of _____
do hereby consent and grant permission to the foregoing.

Witness Signature _____ Date _____

Print Witness Name _____

Accepted and acknowledged by **Accelerated Christian Education or Accelerated Christian Education Ministries**

By _____ Date _____

SERVICE ADVENTURE RELEASE OF LIABILITY

Step One

For providing minimal accidental insurance and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and confessed, the undersigned individual hereby acknowledges that the undersigned has voluntarily elected to pursue certain educational activities with a full understanding of the risks involved therein, that the undersigned is responsible for acquiring any required travel documents and immunizations, and that in such pursuits the undersigned is not an employee, representative, or guest of Accelerated Christian Education Ministries (ACEM). The undersigned also represents to ACEM that (i) the undersigned or the undersigned's relatives have made adequate provision for the undersigned's care and return in the event of injury or sickness necessitating such return, (ii) provision has been made for the undersigned's return upon completion of the undersigned's educational activities therein, and (iii) all expenses incurred by the undersigned in connection with the performance of the undersigned's educational activities or otherwise shall be borne by the undersigned or the undersigned's sponsoring organization, and that ACEM shall have no liability whatsoever therefore.

Consequently, the undersigned with the intent of binding the undersigned and the undersigned's heirs, executors, personal representatives and assigns, hereby unconditionally releases, acquits and forever discharges ACEM, its successors and assigns, its officers, directors, shareholders, and employees from any and all claims, demands, actions, or causes of action of whatever kind, character and description, whether based on facts presently known or hereafter discovered, whether based upon statutory law or common law, whether known or unknown, which have accrued or which may ever accrue to the undersigned, the undersigned's heirs, executors, personal representatives and assigns, for and on account of all matters relating to the educational activities of the undersigned and the travel of the undersigned to and from such a location and the performance of the educational activities of the undersigned from the beginning of time until one year after the permanent return of the undersigned from such a location. This Release is for any relief, no matter how denominated, including, but not limited to, compensatory damages, punitive damages, and damages for pain and suffering or mental anguish, personal injury, medical expenses, and attorneys' fees and costs.

Print Name _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

National Identification Number (e.g. Social Security Number) _____

Phone (_____) _____

Important: DO NOT SIGN except in the presence of witnesses. Witnesses must be unrelated to prospective participant and at least 21 years of age.

Participant Signature _____ Date _____

Witness Signature _____ Date _____

Witness Signature _____ Date _____

WHAT TO BRING CHECKLIST

General Items

Required

- Bring your own personal first aid kit
- All documents and forms (see **HOW TO APPLY** on page 2)
- Bible, pen, and notebook (bring a paper Bible; iPhone or iPad may not be used in devotions)
- Spending money in small bills (keep in a money belt or zippered bag)—\$40 is suggested
- Camera, batteries, and chargers
- Small flashlight, extra batteries
- Optional: small sewing kit
- Two refillable water bottles
- Sleeping bag or bedroll, flat sheet, and small pillow with an extra pillowcase, and a mat or something to place on the floor under your sleeping bag
- Two lightweight bath towels and two washcloths
- Toiletries: e.g., toothbrush, soap, shampoo, hand sanitizer, laundry detergent, anti-diarrheal, Benadryl, insect repellent, sunscreen, and other essentials. **Bring travel-sized items!**
- Plastic bags for dirty laundry

Note: DO NOT BRING secular magazines, music, or books. Cell phone usage will be limited.

Clothing – bring 5 days worth of clothes

Required for Both Genders

- Tennis shoes (two pairs) and socks
- Flip flops for use only in the shower
- Safety glasses, hat (or bandanna), and gloves (cloth or leather) for outside work
- Lightweight jacket or sweater
- Rain gear: lightweight raincoat or poncho, small travel-size umbrella
- At least one outfit (including shoes) appropriate for Sunday morning worship
- Lightweight conservative pajamas with short sleeves

Male

- Full-length denim or durable work pants (at least two pairs)
- Short-sleeved shirts

Note: DO NOT BRING shorts, excessively baggy pants, cutoffs, tank tops, or sleeveless shirts.

Female

- Skirt length must be below the knee and/or culottes (skirtlike in appearance)
- Short-sleeved shirts or blouses

Note: DO NOT BRING shorts, gauchos, capris, pants, halter tops, form-fitting shirts, low-cut blouses, sleeveless shirts, curling irons, straighteners, or blow dryers. Keep makeup and jewelry to a minimum and within International Student Convention standards.

Luggage

- Suitcase (*limited to one per participant; bring what you can carry*)
- Backpack or messenger bag (for travel the second week)
- Sleeping bag/bedroll

Note: We highly recommend luggage with rollers. Choose bags that meet current airline standards and that are easy to carry.

SERVICE ADVENTURE TRAINING

Step Two

(For first-time attendees only.)

(Please type or print clearly.)

Do not turn in until PACEs are completed.

TRAINING AFFIDAVIT

I, _____, have completed the Practical Missions PACEs under
Please Print
supervision of Supervisor Administrator Pastor Other _____

Name _____ Date _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Email _____ Phone (_____) _____

Signature of Training Supervisor _____

Secret of Leadership Test Score _____%

Soulwinning Test Score _____%

SERVICE ADVENTURE TRANSPORTATION AND FINAL PREPARATIONS

(Please type or print clearly.)

For complete accuracy please email, fax, or mail in a copy of your **completed flight itinerary provided by the travel website/agent.**

If you are traveling by bus, train, or car please explain in detail exactly how you will arrive at the chosen location and how you will return home. Please include final arrival time and date and departure time and date.

TRAVEL INFORMATION

I have made travel arrangements following my consultation with Accelerated Christian Education Ministries (ACEM), and I accept the responsibility for transportation to the ACEM Service Adventure and home again. I am traveling on the flights that I have documented.

Email:
hisservant@aceministries.com

Fax:
615-612-6069

Mail:
Service Adventure
Accelerated Christian Education Ministries
P.O. Box 508
Hendersonville, TN 37077-0508

Final Preparation

- I have completed all registration and other forms as directed.
- I have limited my personal items and luggage to the items listed in the **What to Bring Checklist** on page 12.
- I have made travel arrangements and (if applicable) attached a copy of my complete flight itinerary.

Passport Country _____ Number _____ Expiration Date _____

Signature of Participant _____

Please Print Full Name _____

ACCELERATED CHRISTIAN EDUCATION MINISTRIES®

SERVICE ADVENTURE SCREENING FORM

Print Current Legal Full Name _____
Please list all names used in the last 7 years (including Maiden Name) _____
Date of Birth ____/____/____ [] Male [] Female Driver's License # _____
Phone Number _____ Passport Number _____
Present Address _____
City _____ ST _____ County _____ ZIP Code _____

Answer the following questions truthfully to the best of your ability.

Have you ever been convicted of, plead guilty to, charged with, or been investigated for the endangerment of the life of a child? [] Yes [] No

If yes, please explain _____

Have you been convicted of, plead guilty to, charged with, or been investigated for a crime involving any drug-related charges, theft, criminal negligence, and/or any crime of violence? [] Yes [] No

If yes to any of the above, please explain _____

Have you ever been convicted of a crime? [] Yes [] No

If yes, please explain _____

Are you currently under parole or investigation for any crimes that you are aware of? [] Yes [] No

If yes, please explain _____

I have read this document and understand that by signing below I am legally affirming that all of the information provided herein is true to the best of my knowledge and belief.

AUTHORIZATION

I hereby authorize Accelerated Christian Education, Inc. to request any police/sheriff's department or other relevant law enforcement entity or other record keeping organization to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff and other organization from all liability that may result from any such disclosure made in response to this request.

Signature _____ Date _____

Please Print Full Name _____ Date _____