



WHAT ARE YOU  
DOING THIS  
SUMMER?

WOULD YOU LIKE  
TO SEE GOD AT  
WORK?

WOULD YOU LIKE  
TO MAKE A  
DIFFERENCE?

## ADVANCING IN MISSIONS & MINISTRY

Apply to serve in our missions and ministry leadership program based at Friendship Camp. AIM missionaries will provide crucial help at our summer camps while gaining valuable ministry experience. Student missionaries will grow through Bible study, worship, prayer, daily hands-on experience, mentoring relationships, and accountability groups.

## WHO CAN APPLY?

- High school student
- College student
- Member of a SBC Church or Agreement with Baptist Faith & Message 2000
- Commitment to serve 6 weeks this summer
- Sense of God's leadership or call in your life
- Exhibit both personal and emotional maturity.



[www.FriendshipCamps.com](http://www.FriendshipCamps.com)



229-937-2350



[fba@windstream.net](mailto:fba@windstream.net)



# AIMM LEVEL 1

## SUMMER MISSIONS



Friendship Baptist Association  
AIMM Program  
504 E. Oglethorpe Street  
Ellaville, GA 31806

(229) 937-2350

[www.FriendshipCamps.com](http://www.FriendshipCamps.com)

AIM@friendshipcamps.com

Please mail completed application, including biographical sketch, to the above address by **April 30, 2026**.  
Interviews will be conducted as needed.

AIMM Level 1 is our traditional ministry leadership program for those in high school or college. We started this program in 2010! Because of the COVID-19 pandemic, this will be our 16<sup>th</sup> year. Stipend amounts are paid based on level and responsibilities.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size    A-S    A-M    A-L    A-XL    A-2XL    Birthday \_\_\_\_\_

### Check all that apply

- ☐ I am in high school and have completed at least the 9<sup>th</sup> grade but have not graduated.
- ☐ I have graduated high school but have not started college.
- ☐ I am a college student.
- ☐ I have served as an AIM missionary previously.
- ☐ I have served as a Send Me Now missionary previously.
- ☐ I have served at Friendship Camp previously as a counselor or other position.

Are you a Christian?    No    Yes    How long? \_\_\_\_\_

Have you been baptized since becoming a Christian?    No    Yes    Which Church \_\_\_\_\_

Which church are you currently a member of? \_\_\_\_\_

Do you regularly attend this church? If no, what church do you attend? \_\_\_\_\_

### What experience do you have doing missions and evangelism? Check all that apply.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Jr. Counselor for Camp | <input type="checkbox"/> Prayer Walking        | <input type="checkbox"/> Block Parties | <input type="checkbox"/> Door-to-door       |
| <input type="checkbox"/> Sharing Your Testimony | <input type="checkbox"/> VBS                   | <input type="checkbox"/> Surveys       | <input type="checkbox"/> Handing out tracts |
| <input type="checkbox"/> Evangelism Training    | <input type="checkbox"/> Relational Evangelism | Other: _____                           |   |

### What skills do you have that can be put to use during our mission projects? Check all that apply.

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Art/Crafts         | <input type="checkbox"/> Drama          | <input type="checkbox"/> Clowning     | <input type="checkbox"/> Evangelism       |
| <input type="checkbox"/> Music              | <input type="checkbox"/> Bible Teaching | <input type="checkbox"/> Lead Worship | <input type="checkbox"/> Share one-on-one |
| <input type="checkbox"/> Outdoor recreation | <input type="checkbox"/> Construction   | Other: _____                          |   |
| <input type="checkbox"/> Face Painting      | <input type="checkbox"/> General help   | Other: _____                          |   |

**AIMM is a 6 week program. Please check weeks listed below that you could not participate? If applicable, list appts. or other conflicts in the blank beside the week, such as Dr. appts., college interviews, etc.**

- ☐ Friendship Day Camp, May 26-29 \_\_\_\_\_
- ☐ Blaze Girls' Camp, June 1-4 \_\_\_\_\_
- ☐ South GA Hispanic Camp, June 8-12 \_\_\_\_\_
- ☐ Velocity Boys' Camp, June 15-18 \_\_\_\_\_
- ☐ Ignite 333 Worship Arts, June 22-26 \_\_\_\_\_
- ☐ Momentum Youth Camp, June 29-July 3 \_\_\_\_\_

**Briefly share how you came to know Christ as your Savior. What is your story of how you came to trust in Jesus?**

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**Tell the story of the most recent time you shared the Gospel of Jesus with another.**

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**Do you have any health or emotional issues that would limit your participation in AIMM?**

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**Food Allergies?** Yes No

**Have you been convicted of any crimes?** Yes No

**Are you currently being charged with any crimes?** Yes No

If yes to either question, please explain \_\_\_\_\_  
\_\_\_\_\_

**During the last 12 months have you done any of the following?**

<b>Used drugs?</b>	Yes	No	<b>Used alcohol?</b>	Yes	No	<b>Used tobacco/vape?</b>	Yes	No
<b>Been sexually active?</b>	Yes	No	<b>Used pornography?</b>	Yes	No			

### **Parent/Guardian Information**

Parent/Guardian Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In Case of Emergency and I cannot be reached, Call \_\_\_\_\_

### **Parental Consent** (for those under the age of 18)

\_\_\_\_\_ has my consent to live and work at the Friendship Baptist Camp as a participant of the AIMM program.

- It is my understanding in the event that I cannot be reached; the physician/medical facility has my permission to treat my child. I do not hold the Friendship Baptist Association, Camp, or any of its agents or representatives responsible for the health and safety of my child while on the premises.
  - I understand that if my child does not carry out his/her duties and responsibilities, as expected by the Associational Missionary, AIMM Coordinator, or various Camp Staff, and as stated in training materials, that my child will be sent home from Friendship Camp and terminated from the AIMM program.
  - I also understand that my child may be photographed or videotaped while participating with AIMM. Friendship Baptist Association has my permission to use these pictures in promotional material and/or on the Association website. I understand that no identifying information will be provided with the photos.
- ☐ My child will be driving his/her car during AIMM. Your child will be asked to follow our Friendship Camps under 18 driving policy during AIMM. If there needs to be exceptions to this policy the parent/guardian must make arrangements with the AIMM director.

My child is currently \_\_\_\_\_ years old and will complete the \_\_\_\_\_ grade this year.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

### **References**

Church Recommendation: This individual has my recommendation to serve in the AIMM Program of Friendship Baptist Association for the summer of 2026. To my knowledge, he/she is a baptized member of my church, a committed disciple of Jesus Christ, and has the necessary spiritual and emotional maturity to serve well in this capacity.

Pastor/Youth Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Current Pastor**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### **Youth Minister; BCM Director; etc.**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### **Other adults who can testify to your spiritual and emotional maturity, one must know how you interact with kids**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Please give us a brief biographical sketch of yourself. You can include facts about yourself/family, school/future plans, your gifts/skills and use of them, your understanding of God's leadership (calling) in your life thus far, your expectations from the AIMM program, and anything else you would like us to know about you.**

[illegible]