



ACYOA ASP

Armenia Service Program

July 1-18, 2017

For young adults ages 18 to 30

APPLICATION INFORMATION AND INSTRUCTIONS

Please read the following carefully before proceeding.

The cost of this trip is **\$2775.00**. It is being offered to the first 20 participants that register at a discounted price of **\$2275.00** due to a \$500.00 scholarship from the Dadourian Foundation.

Nonrefundable deposit of \$500 is due on or before **MARCH 15**.

Final Payment of \$1775.00 is due on or before **APRIL 15**.

Please note: The cost of airfare is not refundable after March 15.

No refunds can be made for any cancellations after May 1.

Completed applications will be considered in the order received.

The following items must be completed along with your application:

1. Clergy Recommendation Form submitted by your Pastor.
2. Two copies of the front page (page with photo) of your passport. *(If you do not yet have your passport, you must let us know the date by which you expect to receive it.)*
3. Deposit of \$500 made payable to the "ACYOA CENTRAL COUNCIL." *(Checks only; no money orders please)*

Return the signed original application form (no faxes) and accompanying materials by **MARCH 15** to:

Diocese of the Armenian Church (Eastern)

Re: ACYOA ASP

630 Second Avenue

New York, NY 10016

Questions? Please contact Kathryn Ashbahian, Department of Youth and Young Adult Ministries, at 212-686-0710 Ext. 258 or KathrynA@armeniandiocese.org



ACYOA ASP

Armenia Service Program

July 1-18, 2017

APPLICATION FORM

PERSONAL INFORMATION

NAME (Last/First/Middle): _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

COUNTRY OF CITIZENSHIP: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PARENT(S) OR GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARISH: _____ PASTOR: _____

CITY: _____ STATE: _____ ZIP: _____

HEALTH INSURANCE

NAME OF HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

NAME OF INSURED: _____

DATE OF BIRTH OF INSURED: ____/____/19____

Health History and Examination Form For All Participants

The following information must be filled in by the participant. The intent of this information is to provide the best overall health care and best meet the participants needs while in Armenia. Any changes to this form should be provided prior to the trip. Please provide complete information, so that the trip leader can be aware of your needs.

NAME: _____

ALLERGIES: (List all known)	Describe reaction and management of the reaction:
<u>Medication</u> allergies (list)	
_____	_____
_____	_____
<u>Food</u> allergies (list)	
_____	_____
_____	_____
<u>Other</u> allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.	
_____	_____
_____	_____

Has/Does the participant:	Yes	No		Yes	No
1. Have any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems sleep walking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female: Have abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Age of first menses: _____		
12. Ever have seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which		
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

1. Please explain any "yes" answers from the above general questions, noting the number of the questions.

2. Describe any dietary restrictions (e.g. red meat, seafood, dairy products, other): _____

3. Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary):

4. Provide additional information about your physical, emotional, or mental health of which the leader should be aware in order to best meet your needs. _____

EDUCATION

Please list all schools attended, starting with High School.

School	City and State	Degree and Date Earned	Major
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School	City and State	Degree and Date Earned	Major
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School	City and State	Degree and Date Earned	Major
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Did you attend and/or graduate from Sunday School? YES NO

FOREIGN LANGUAGE FLUENCY

ARMENIAN: Fluent Good Fair None

CHECK ALL THAT APPLY:

- Speak Write
 Understand Read

OTHER: _____

CHECK ALL THAT APPLY:

- Speak Write
 Understand Read

List any Armenian courses you have taken on a college or university level:

TRAVEL EXPERIENCE

Have you ever been to Armenia? YES NO If yes, explain below:

Describe any foreign travel or work study experience:

PERSONAL INTERESTS

As part of the ASP service, you will be working with children and local villages. Please highlight any special talents that you would bring to the program (singing, dancing, teaching, etc.)

ESSAY

Please answer the following four questions in a brief essay of approximately 250 words on a separate sheet of paper, typed and double-spaced:

1. What attracted you to the ACYOA Armenia Service Program?
2. What do you expect to receive from participating (spiritually, educationally, culturally, socially) in the program?
3. What are your expectations about Armenia?
4. Describe any volunteer activities in which you have been involved, either in the Armenian Church or in your local community.

I understand that I will be expected to schedule a Face Time or Skype interview with the DYYAM and/or Trip Leader prior to departing on the ASP trip. _____ *Initials*

I understand that if I am selected for the ACYOA Armenia Service Program, I shall abide by the general rules and regulations of the program, and shall serve in the best interests of the Armenian Church as an ambassador of the Eastern Diocese and ACYOA. _____ *Initials*

SIGNATURE: _____ DATE: _____

Return the signed original application form and accompanying materials
by MARCH 15 to:

Diocese of the Armenian Church (Eastern)
Re: ACYOA ASP
630 Second Avenue
New York, NY 10016

Questions? Please contact Kathryn Ashbahian, Department of Youth and Young Adult Ministries, at 212-686-0710 Ext. 258 or KathrynA@armeniandiocese.org



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Armenia Service Program

July 1-18, 2017

CLERGY RECOMMENDATION FORM

INSTRUCTIONS TO APPLICANT: Please be sure to fill in your name and hand this application to your pastor.

*INSTRUCTIONS TO THE CLERGY: Please return this form to the address on the following page by **MARCH 15**. In the absence of a pastor, then a youth advisor or a parish council chairman may complete this form.*

PASTOR: _____ PARISH: _____

Your parishioner _____ is applying for the Armenia Service Program (ASP). As his/her pastor, please evaluate the applicant's skills to better understand their personality and temperament. We would appreciate your feedback as indicated below. The clergy reference is an important part of the application process and your thoughtful and frank comments will be appreciated. Your comments will be kept confidential.

To be completed by pastor:

Under each question, check the phrase that most accurately describes the applicant's habitual behavior. Please remember that it will be the truly exceptional person who ranks high in *all* categories.

1. How long and in what capacity have you known this applicant?

2. In what areas has the applicant been involved in parish life? *Please check off appropriate answer.*

- ◇ Sunday School
- ◇ ACYOA Juniors
- ◇ ACYOA Seniors
- ◇ Altar Server
- ◇ Choir



3. How well does the applicant work with others for the good of the group?

- ◇ Cooperates grudgingly; makes trouble – obstructionist
- ◇ Gives limited cooperation; neglects common good
- ◇ Cooperates with others toward accomplishment of common cause
- ◇ Cooperates willingly and actively regardless of self-benefit; makes things go smoothly
- ◇ Exceptionally successful in working with others and inspiring confidence

4. How does this applicant react to suggestions or criticisms of others?

- ◇ Takes criticism as a personal insult or resents suggestions
- ◇ Listens to suggestions but may act without considering them
- ◇ Follows suggestions willingly or asks for constructive feedback

5. How responsible is the applicant? Is he/she able to competently get things done independently?

- ◇ Irresponsible even under supervision
- ◇ With constant supervision will do satisfactory work
- ◇ Usually needs detailed direction with checks on work
- ◇ Carries out activity on own responsibility
- ◇ Exceptionally able to accomplish work without supervision

6. How spiritually mature is the applicant?

- ◇ Rarely expresses or exhibits spiritual maturity
- ◇ Seems indifferent to spiritual growth
- ◇ Actively engages in discussions; asks questions about his/her faith
- ◇ Faith plays an integral part of his/her everyday life

7. How well does this applicant control his/her emotions?

- ◇ Easily depressed, irritated or elated
- ◇ Tends to be over-emotional
- ◇ Unresponsive; apathetic
- ◇ Usually well-balanced

8. **Narrative Report - Please use an additional sheet of paper to share your thoughts on the following:**

- Explain why you feel this applicant is a worthy candidate.
- List any concerns you may have that will help us ensure this candidate's success.
- State whether or not you have any concerns about this applicant working with children and why.
- Share any general thoughts or comments.

SIGNATURE: _____ DATE: _____

Please send this form, **postmarked by MARCH 15**, by mail to:

Diocese of the Armenian Church (Eastern)
Re: ACYOA ASP
630 Second Avenue, New York, NY 10016

You can also fax it to (212) 779-3558 OR scan and email to: KathrynA@armeniandiocese.org



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SCHOLARSHIP APPLICATION

There are two scholarships that you may be eligible to apply for based on the criteria. There are up to four scholarships in the amount of \$250 available for each category. You may apply for one or both scholarships offered.

1. The ACYOA Central Council offers scholarships to participants that have demonstrated great leadership and service to the ACYOA at a parish, regional or national level.
2. The Nancy Basmajian Scholarship Fund was established at the ACYOA General Assembly in 2013 to honor its former Executive Secretary for her dedicated service to the youth of the Armenian Church. This scholarship is awarded to those that are in great financial need.

Both scholarships will be awarded at the completion of your trip and selected based on your participation on the ASP trip and with input from the trip leader.

Please complete this application and mail by **MAY 15, 2017** to:

Diocese of the Armenian Church (Eastern)
Re: ACYOA ASP
630 Second Avenue
New York, NY 10016

or KathrynA@armeniandiocese.org or fax to 212-779-3558.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PLEASE CHECK ONE OR BOTH SCHOLARSHIP(S) FOR WHICH YOU WISH TO APPLY:

_____ The ACYOA Central Council ASP Scholarship

_____ The Nancy Basmajian ASP Scholarship



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TRAVEL FACT SHEET

WHAT'S COVERED/WHAT'S NOT?

Your ASP fee covers round-trip airfare from JFK to Yerevan, full ground transportation and transfers in Armenia, two meals a day, accommodations at a 4 star hotel in downtown Yerevan, lodging while at camp for service, entrance fees to all sightseeing destinations, and tour guides (English and Armenian). ***Not included:*** travel insurance, soft drinks, alcoholic beverages, outings to nightclubs, after-hours cafes, concerts, theater, etc. **Please make sure you bring enough cash to cover** these expenses.

GENERAL PACKING

You will be permitted to check one suitcase (weighing no more than 50lbs.) free of charge and have one carry-on bag, which must fit under the seat or in the overhead compartment of the plane. We are providing you with a list of suggested items to pack; you may also want to speak with people who have traveled to Armenia for their ideas. Please pack lightly; your goal is to be as mobile and self-sufficient as possible. Be sure to attach nametags to your luggage. With heightened security at airports, be sure not to pack nail files, scissors, tweezers, etc. in your carry-on bags. Do not bring alcohol, illegal drugs or anything that could be construed as a weapon. NOTE: Do not bring your computer; it is unnecessary and often a distraction. Your group leader will have a computer and there are many internet cafes in Yerevan if you wish to contact home. We encourage you to allow yourself to disconnect and truly enjoy your homeland.

MEDICAL

There are no immunization requirements for travel to Armenia. However, you should consult with your physician about having a tetanus shot (or booster) if you have not had one in the last ten years. You may also want to consult your doctor or the Center for Disease Control website, www.cdc.gov/travel/easteurp.htm for the most current travel information.

If you are taking medication, be sure to bring an adequate supply (or get an additional prescription in case of loss). You should also bring any over-the-counter medication that you may need (cold pills, anti-diarrhea medicine, aspirin, decongestants, etc.). If you wear glasses or contact lenses and cannot see without them, we suggest you bring a spare pair just in case.

The water in Armenia is mountain water – pure, delicious and safe to drink. If you prefer bottled water, it is available for purchase; otherwise, be sure to bring a reusable water bottle to fill for day-trips.

Should you have any medical concerns during your trip, please inform the leader immediately, and he will consult with the closest medical facility and get you the care you need.

CLOTHING

Yerevan summer days are often very hot and dry. Don't over pack! Bring comfortable clothing, especially shoes for walking and hiking. The ASP group is *always* on the move! We take many hikes and do a lot of walking during tours, so be prepared. Also, please pack one or two nicer outfits as you may have an audience with the Vehapar and other dignitaries. Do not bring expensive jewelry, clothing or high heels.

Please do not wear short shorts/skirts, revealing or very tight tops or clothing with text or graphics that may be offensive to others. While in Armenia, you should respect the cultural norms of the country. As ASP participants, you will be representing the Armenian Church and young Armenian Americans in general; we want you to make a favorable impression. Please take this into consideration when packing.

WHAT TO BRING

a) Clothing: casual clothes (t-shirts, shorts, jeans, pants, sundresses, skirts), proper dress for church, sneakers, comfortable shoes, sandals, light jacket/sweatshirt, bathing suit (hopefully, the weather in Sevan will allow you to enter the lake).

b) Toiletries: soap, shampoo, toothbrush, toothpaste, deodorant, razor, tissues, feminine hygiene products, band-aids, baby wipes, sunscreen, bug repellent, medications, hand sanitizer, etc.

c) Miscellaneous: Bible, towels, notebook and pen (to keep a daily journal), battery operated or wind-up alarm clock, sunglasses, camera.

d) Please Note: (1) The voltage in Armenia is 220 (50-60Hz). If you are bringing electrical appliances (hair dryers, curling irons, razors, etc.), then you will need a converter. Most video cameras are automatically converted. (2) There are full-service laundry facilities in Yerevan should you need them. (3) If you forget something, don't worry; most American hygiene products, snack foods, batteries, etc. are now available in Yerevan for about the same cost as at home.

MONEY

Your leader will assist you in exchanging US dollars for Armenian dram. The exchange rate as of December 2016 is approximately \$1 = 480 dram. Do not bring travelers checks; they are very difficult to spend in Armenia. ATM machines are now more accessible than in the past; therefore, you will be able to make withdrawals with your credit/debit card. Note that the cash will be in the local currency (dram). As far as budgeting your money is concerned, you can expect a typical restaurant meal to be about 4500-6,000 dram.

IN THE EVENT OF AN EMERGENCY

In the event that you must be reached while in Armenia, have your family contact the Director of Youth and Young Adult Ministries, Jennifer Morris at 248-648-0702. If they are unable to reach her, they may call the Diocese during business hours for assistance at 212-686-0710. Please ask them to indicate that the call is regarding the ASP.

FAMILY/FRIENDS IN ARMENIA

If you would like to visit family or friends living in Armenia, we ask that you arrange for them to come see you at the hotel. Please be sure to consult with the group leader before making plans for visits, and he will assist in the coordination of your visit.