



**Ontario Conference of the
Seventh-day Adventist Church**

SHORT TERM MISSION TRIP APPLICATION

Name of *Sending Church*: _____

Contact Person from *Sending Church*: _____

Position/Office: _____ E-mail: _____

Home Phone: _____ Mobile Phone: _____

Proposed date for mission trip: _____

Alternate date: _____

Type of Group:

- Adventurer/Masterguide/Pathfinder
- Youth/Young Adult
- Church

Type of Mission Trip:

- Day Canada (other than ON)
- Weekend International
- Within Ontario

Number of people in your group/team: _____

Mark which activities listed below your mission team can offer to a Host Church:

- | | |
|---|--|
| <input type="checkbox"/> Church Worship Service (on Sabbath) | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Evangelism Preparation | <input type="checkbox"/> Health Fair |
| <input type="checkbox"/> Grief Recovery Seminar | <input type="checkbox"/> Stop Smoking Series |
| <input type="checkbox"/> Sports Camp | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Children's Fun Day |
| <input type="checkbox"/> Community Street Cleaning | <input type="checkbox"/> Evangelism Series |
| <input type="checkbox"/> Community Survey | <input type="checkbox"/> Revival Series |
| <input type="checkbox"/> Church Cleaning/Beautification | <input type="checkbox"/> Home Bible Studies |
| <input type="checkbox"/> Church Renovations (specify): _____ | |
| <input type="checkbox"/> Other Type of Outreach/Evangelism (specify): _____ | |

Church Board Action #: _____ Date Approved: _____

Pastor's Signature: _____ Date Signed: _____

Elder's Signature: _____ Date Signed: _____

Mail to: Ontario Conference of the
Seventh-day Adventist Church
1110 King Street East
Oshawa, Ontario L1H 1H8

E-mail to: missiontrip@adventistontario.org
or Fax: 1-905-571-5995
Website: www.adventistontario.org

Sponsoring Ministries:



*Ontario Conference
Evangelism, Church Planting,
& Church Growth*