



## SHORT TERM MISSION TRIP

*Type of Group:*

- Adventurer/Masterguide/Pathfinder (AMP)  
 Youth/Young Adult  
 Church

*Type of Mission Trip:*

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

Location: \_\_\_\_\_ Date of Mission Trip: \_\_\_\_\_

### ***PARTICIPANT'S APPLICATION FORM***

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Citizenship \_\_\_\_\_ Status (if not a Canadian citizen yet) \_\_\_\_\_

Date of Birth (dd/mm/yr) \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male  Female

Church Membership: \_\_\_\_\_

Provincial Health Insurance Number: \_\_\_\_\_

**Notify in case of emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Your T-Shirt size:  Small  Medium  Large  X-Large  2X-Large  3X-Large

Would you require community hours for participating in this mission trip?  Yes  No

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

What language(s) do you speak?: \_\_\_\_\_

Positions of leadership you have held in church or school activities: \_\_\_\_\_  
\_\_\_\_\_

Previous outreach activities you have been involved in: \_\_\_\_\_  
\_\_\_\_\_

Your role for this mission trip: \_\_\_\_\_

Special skills you can offer for this mission trip: \_\_\_\_\_  
\_\_\_\_\_

Attached/Enclosed with this application are the following forms:

- Medical Info and Liability Release Form
- Parental Consent (for participants under the age of 18)

Keep a copy of all forms submitted for your records.

*For International mission trip only:*  
Passport Number: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_ (mm/dd/yyyy)  
Date of Expiry: \_\_\_\_\_ (mm/dd/yyyy)  
Issuing Country: \_\_\_\_\_

*By signing this application form, I hereby indicate my desire to participate in the mission trip to*

\_\_\_\_\_ on \_\_\_\_\_  
(Location) (Date)

*I agree to support and uphold the guidelines and direction given by the coordinators of this mission trip, and pledge to do my best to make this an enjoyable and successful trip for all involved.*

Signature of Participant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**\*\*\*\*\* Required for all participants under the age of 18 \*\*\*\*\***

Mother/Legal Guardian \_\_\_\_\_  
(Print Full Name) (Signature) (Date Signed)

Father/Legal Guardian \_\_\_\_\_  
(Print Full Name) (Signature) (Date Signed)

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

**E-mail to:** [missiontrip@adventistontario.org](mailto:missiontrip@adventistontario.org)

**or Fax:** 1-905-571-5995

**Sponsoring Ministries:**



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