



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*