

Northern California Conference
MISSION/EVANGELISTIC TRIP APPLICATION

1. Sponsor/Dates/Group Size

Sponsoring organization (church/school) _____
Date of Church Board Approval _____ Pastor's signature _____
Group leader (print name) _____ Phone _____
Date of departure _____ Return date _____
Depart from (city) _____
No. participants (approx.) _____ Age 18/over _____ Age 13-17 _____ Age 12/under _____

Note: Names And Ages Of Each Participant Must Be Submitted Prior To Departure.

2. Trip Purpose

Nature of project: Do or build what? _____
Ministry Activity Health clinic/seminar Cooking school
 Vacation Bible school Evangelism

Itinerary: On Separate Page Please List Detailed Itinerary Of Each Day's Activities.

3. Insurance

This is a MARANATHA VOLUNTEERS, INTERNATIONAL project Yes No
Insurance coverage is through Maranatha Adventist Risk Management
 Other (name) _____ Phone _____

4. Site Information/Communication

Project location (country) _____ Division _____
Local contact person _____ Phone _____
Site address _____
Invitation received from local conference/union Yes Copy Attached

5. Physical Arrangements

✓ Transportation to country Private car/van Air
 Bus Private Commercial
If using Air or Commercial Bus, name of carrier _____
✓ Transportation during project Private car/van Other _____
 Bus Private Commercial
If using Commercial Bus, name of carrier _____
✓ Lodging plans Tents Private homes
 Church/school facilities
✓ Food service plans Take own cook(s) Use local cook(s)
✓ Medical emergency plans _____ Number miles from project site to hospital/clinic
_____ Number physicians in group _____ Registered nurses

Signed: _____ Date _____
Group leader
Risk Management Review _____ Date _____
ADCO response _____ Date _____
Executive Committee response _____ Date _____