

Arctic Missions Mission Trip Request



- Please complete and return the following information to your Alaska Conference Contact or AMA Director
- Mission project requests must be received at least 120 days prior to start date
- Alaska Conference Point of Contact will submit request to conference administration and provide written report and pictures to conference upon completion of project.

| PROJECT SCOPE | | | | |
|--|------|--|-----------|--|
| Describe what your group will do: | | | | |
| Dates of Visit: | | Total Project Cost | | |
| | | Costs Covered by Mission Group | | |
| | | Costs Covered by Alaska Conference, if any | | |
| GROUP COORDINATOR | | | | |
| Name: | | | Email: | |
| Address: | | | | |
| City: | | State: | Zip Code: | Phone: |
| Home Church: | | | Pastor: | |
| LIST ALL PARTICIPANTS ADULTS OVER AGE 18 MUST COMPLETE A BACKGROUND SCREENING WITH STERLING VOLUNTEERS ATTACH SEPARATE PAGE IF NEEDED | | | | |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | M.I. | Last Name | DOB | Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CONFERENCE ADMINISTRATION APPROVAL | | | | |
| <i>(must obtain 2 of 3 signatures below before travel)</i> | | | | |
| Name: | | Phone: | | |
| CONFERENCE PROJECT COORDINATOR | | Email: | | |
| APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No | | COST COVERED BY ALASKA CONFERENCE: \$ | | |
| ALASKA MISSIONS DIRECTOR | | | | DATE |
| TREASURER | | | | DATE |
| EXEC SECRETARY | | | | DATE |
| PRESIDENT | | | | DATE |