

# Arctic Mission Adventure Application



Alaska Conference of Seventh-day Adventists • 6100 O'Malley Rd, Anchorage, Alaska 99507  
 Phone: 907-346-1004 • Fax: 907-346-3279 • Attention: Jim Kincaid, email: jkincaid@mtaonline.

Personal Information			
Name	FIRST:	LAST:	
Street Address			
City, State, Zip Code			
Home Phone			
Work Phone		Cell Phone	
E-Mail Address			
DOB		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Name Of Spouse			DOB:
Children		Age	M/F:
Are You a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Your Spouse a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Church Involvement	
Which church do you attend?	
State where church is located:	How long have you been a baptized member?
List church offices/positions you have held or ways you participate in your church family. Give examples of your community involvement:	
If there is something you would change about the church, what would it be:	

## Job Skills and Employment Background

Current Occupation:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

List employment you might seek in an Alaskan village or town:

List employment your spouse might seek in an Alaskan village or town:

## Educational Background

Highest level of education     High School         College         University

How has your education prepared you for Mission Service?

Indicated educational preference for your children     Home School         Local Church School if available  
 Public School         Boarding School

## Financial Information

Present Indebtedness:

Educational Loans	\$	Bank/Personal Loans	\$
Credit Card Debt	\$	Other	\$

Do you have debt that can be paid off before your move?     Yes         No

Will you need to raise funds in order to accept a position?     Yes         No

Do you have financial support already in place?         Yes         No



<b>Availability</b>		
Date of Availability		
Request three recommendation letters from your pastor, employer and a non-family member, listing the names of reference chosen. Your application will be processed as soon as your reference letters have been received by mail or fax.		
Reference Name		Date Received
Reference Name		Date Received
Reference Name		Date Received

<b>Agreement and Signature</b>	
By submitting this application:	
<ul style="list-style-type: none"> <li>• I affirm that the information given is accurate.</li> <li>• I authorize the Alaska Conference and its affiliates to investigate my suitability for potential assignments which may include criminal background checks.</li> <li>• I authorize the references above to release any and all of my personal information to the Alaska Conference and its affiliates investigating my suitability for service to the Alaska Conference and its affiliates.</li> <li>• I agree to represent the standards, procedures, and Biblical beliefs of the Seventh-day Adventist Church.</li> </ul>	
Name (printed)	
Signature	
Date	

<b>Our Policy</b>
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
Thank you for completing this application form and for your interest in volunteering with us.