

Osler Mission Chapel

Mission Board
Box 160
Osler, SK S0K 3A0

Short Term/Camp Worker Mission Support Form

1. Name (in full): _____

2. Address: _____

3. Phone: _____ Email: _____

4. Birthdate: _____

5. Occupation: _____ Social Insurance Number _____

6. Education completed	
Name of School	Achievement (grade)

_____	_____
-------	-------

7. Special talents, interests:

8. Practical experience in Christian work

Type of Work

Location

How Long

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

9. Name of Organization you plan to work with:

Address:

10. Why did you choose this Organization?

11. Dates you plan to serve:

12. Support required to be raised: _____

13. What type of work do you expect to be involved in:

14. Why do you offer yourself for short term/camp service?

15. How does Christian service fit into your long term plan?

16. Share briefly about your walk with Christ.

Date of Application: _____

Applicants signature: _____