

# SHORT TERM TRIP REQUEST

Alaska Conference of Seventh-day Adventists

DENOMINATIONAL WORKERS – LAYPERSONS - RETIREES



Below is the Alaska Conference policy on short-term trip requests in alignment with North American Division (NAD) policy:

1. The Alaska Conference and the North American Division Office of Volunteer Ministries uses this form to process requests for short-term trips, including mission trips, evangelism efforts and other ministries by Adventist workers, laypersons & retirees from Adventist churches originating in North America.
2. NAD educational institutions use a separate Short-term form available for download at [www.nadeducation.org/trips](http://www.nadeducation.org/trips).
3. Confirmation of Insurance coverage is required for this form to be approved by the NAD Volunteer Appointee Committee in the Office of the Secretariat. All church workers, laypersons, retirees, ASI personnel, and personnel of other lay organizations are required to obtain travel, sickness and accident insurance coverage available through Adventist Risk Management or the equivalent coverage from another agency.
4. Policy requires that **all denominational workers participating in this short-term trip** be with their complete legal names including the complete legal names of worker's family members on page two (2).
5. Policy requires that all laypersons participating in this short-term trip be listed with their complete legal names on page two (2).
6. Upon approval of church workers & laypersons short-term travel, NAD Office of Volunteer Ministries notifies the General Conference Volunteer Center who in turn communicates with the host division regarding the NAD short-term group visit to their field.

## SERVICE REQUEST

Date: \_\_\_\_\_ This request is for: Mission Trip  Other Ministry

Responsible person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_ Date(s) requested: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Countries to be visited: \_\_\_\_\_

Confirmation of insurance: Policy number: \_\_\_\_\_ Coverage dates: \_\_\_\_\_

I verify acceptance of responsibility for this short term trip: Yes  No

\_\_\_\_\_  
Signature on behalf of responsible organization

\_\_\_\_\_  
Date

Return or fax completed form, with a copy to the Alaska Conference, to:  
Office of Volunteer Ministries, North American Division Secretariat  
9705 Patuxent Woods Dr, Columbia MD 21046-1565  
800-331-2767 | Fax 301-680-6464

**Listing of Denominational Workers**

*Please list the full names of ALL denominational workers and family members participating on this trip:*


**Listing of Lay Persons**

*Please list the full names of ALL lay persons participating on this trip:*
