



ONTARIO CONFERENCE AMP MINISTRIES Service Pin Application Form

Name: _____ Date: _____

Church: _____ Club: _____

E-mail: _____ Phone: _____

Please indicate the number of years you have been actively involved in

Adventurer Ministry Pathfinder Ministry Master Guide Ministry

Pins will only be awarded to AMP leaders at the AMP Summit on Sept. 29, 2018 and whose years of service match one of the designated years below.

- | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 7 years | <input type="checkbox"/> 12 years | <input type="checkbox"/> 25 years |
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 8 years | <input type="checkbox"/> 13 years | <input type="checkbox"/> 30 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 9 years | <input type="checkbox"/> 14 years | <input type="checkbox"/> 35 years |
| <input type="checkbox"/> 4 years | <input type="checkbox"/> 10 years | <input type="checkbox"/> 15 years | <input type="checkbox"/> 40 years |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> 11 years | <input type="checkbox"/> 20 years | <input type="checkbox"/> 45 years |
| <input type="checkbox"/> 6 years | | | <input type="checkbox"/> 50 years |

Training Programs you have completed:

Date Completed

- | | | |
|--|-------|--------------------------------------|
| <input type="checkbox"/> Adventurer Basic Staff Training | _____ | <input type="checkbox"/> In Progress |
| <input type="checkbox"/> Master Guide Leadership Course | _____ | <input type="checkbox"/> In Progress |
| <input type="checkbox"/> Adventurer Leadership Growth | _____ | <input type="checkbox"/> In Progress |
| <input type="checkbox"/> Master Guide Recertification | _____ | <input type="checkbox"/> In Progress |

Current Club Position/responsibilities: _____

Other Current Church Positions/Offices: _____

Recommended by:

Club Director: _____ Signature: _____

Church Pastor: _____ Signature: _____

Please submit completed form to the Ontario Conference AMP Ministries Department
by **Thursday, Sept. 13, 2018**. Scan/Email to ehabaradas@adventistontario.org or Fax # (905) 571-5995.