

Roman Catholic Diocese of Saskatoon
DIOCESAN MISSION OFFICE

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MISSION EXPERIENCE FUNDING APPLICATION FORM

The Diocesan Mission Office aims to help the people of the diocese to experience our call to mission beyond the local church as a community of people living and sharing our faith through presence and relationship.

I. Personal Information

Name: _____ Date: _____
(Group or Individual)

Address: _____ Phone: _____
_____ Cell/Work: _____

Postal Code: _____ Email: _____

Parish: _____

Present Employment Situation: _____

Previous Employment Experience(s): _____

High School: _____ College: _____

University: _____ Other: _____

- If applicable, a letter from the hosting agency must be presented with this application, confirming your participation, costs and acceptance of liability.

For Parish Pastor/PLD OR Mission Coordinator:

I am aware that _____ is participating in this mission experience and have no reservations about their full participation.

Name: _____ Position: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received: _____

PR: _____ MO: _____

FD: _____ LS: _____

II. Health

A mission can be physically and emotionally demanding. Please assess your health in light of these potential rigours:

Excellent.....Good.....Fair.....Poor

Do you have any health concerns that may hinder you from full participation? Yes No

If yes, please explain: _____

III. Mission Experience

Agency providing the experience: _____

Location of the mission experience: _____

Start Date: _____ Completion Date: _____

Expenditures:

Travel: _____
Lodging: _____
Food: _____
Registration: _____
Agency Fees: _____
Other (_____) _____
Other (_____) _____
Other (_____) _____

Total: _____

Sources of Revenue:

Participant Fees: _____
Parish(es): _____
Catholic Organizations: _____
Community Organizations: _____
Individual Donations: _____
Other (_____) _____
Other (_____) _____

Total: _____

Total amount requested from the Diocesan Mission Office: _____

Please attach any relevant documentation outlining the above expenses, including brochures, registration forms and or receipts for deposits, travel or accommodation. Should you receive please indicate who the cheque should be made out to: _____.

IV: Personal Reflection

What does “mission” mean to you? How do you understand your call to mission?

What experience do you have with mission (in particular with persons of other cultures)?

What volunteer/ministry experience do you have?

How are you (and your group) preparing for the mission experience?

What do you hope to gain from the experience? Why do you want to go?

What qualities, gifts and abilities do you bring to the experience?

How does this experience fit into your lifelong goals?

How will you share your experience upon return? In your parish, school and/or the diocese?

V. References

Please provide the names of two references (including at least one pastor) who we can contact.

Reference 1: _____

Phone: _____ Email: _____

Reference 2: _____

Phone: _____ Email: _____

Additional pages are not necessary. We may contact you for further information or an interview.

Please scan and email, fax or mail your completed application to:

Diocesan Mission Office
Attn: Leah Perrault
100 – 5th Ave N.
Saskatoon SK S7N 4X6

Fax: 306.244.6010
Attn: Leah Perrault

Email: directors@saskatoonrcdiocese.com