

METHODIST THEOLOGICAL SCHOOL

Short-term Missions School Application Form

(I) Personal Information

Name: _____ (Chinese) _____ (English)
 Sex: _____ Dialect : _____ I.C. NO: _____ Birth-Date: _____
 Address: _____
 Tel: _____ (H) _____ (O) _____ (H/P)
 Academic Qualification: _____ School: _____
 Date of Baptism: _____ Date of Confirmation: _____
 Church: _____ Email: _____
 Ministry Involvement: _____
 Gifts/Talents/Interests: _____
 Financial Resource: Church RM _____ Self-Support RM _____
 Church member RM _____ Others RM _____

Applicant Signature: _____
 Date: _____

(II) Parental Consent

I (Father/Mother/Guardian) _____, by God's help, am willing to let (son/daughter or _____) _____ become a student of MTS Short-term Missions School, to be equipped spiritually, physically, socially and mentally so as to become a genuine Christian.

Parental Signature: _____
 Date: _____

Tel: _____ (H) _____ (O) _____ (H/P)
 Address: _____

(III) Pastor's Recommendation

I _____ would like to recommend _____ to be MTS Short-term Missions School student. I have the following knowledge about the applicant:

	Please state if necessary		
(1) Health	<input type="checkbox"/> Good	<input type="checkbox"/> OK	<input type="checkbox"/> Not Good _____
(2) Spiritually	<input type="checkbox"/> Strong	<input type="checkbox"/> Medium	<input type="checkbox"/> Weak _____
(3) Desire to serve	<input type="checkbox"/> Strong	<input type="checkbox"/> Medium	<input type="checkbox"/> Weak _____
(4) Ability to understand	<input type="checkbox"/> Strong	<input type="checkbox"/> Medium	<input type="checkbox"/> Weak _____
(5) Character	<input type="checkbox"/> Getting along with people	<input type="checkbox"/> Some-time getting along with people	<input type="checkbox"/> Loner _____
(6) Self-discipline	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Not Good _____
(7) Others _____			

Pastor's Signature: _____
 Date: _____

Tel: _____ (H) _____ (O) _____ (H/P)
 Address: _____
 Church: _____