

# 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"/> Sometimes 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: \_\_\_\_\_