

Hosean International Ministries Short Term Application

1. Full Name _____

2. Present Address
Street _____ City, State,
Zip _____

3. Permanent Address
Street _____ City, State,
Zip _____

4. Phone Number _____

5. Email Address _____

6. Age _____ Date of Birth _____

7. Height _____ Weight _____

8. Social Security Number _____

9. Passport Number _____ Expiration Date _____

10. Emergency Contact: Name _____
Relationship to you _____ Phone _____
Number _____ Address _____
City, State, Zip _____

11. Single or Married _____ **If**
single or under 21, do your parents/family support your desire to serve as a missionary?

12. Present Occupation _____

13. Are you presently attending school? _____
What is your degree or major? _____ What is
your expected year of graduation? _____

14. Are you in good health? _____ If not, state your health problems and
restrictions _____

Spiritual Information

15. Are you a Christian? _____
When? _____

16. What does service mean to you? _____

17. What church do you attend? _____ Is it
supportive of your mission effort? _____ How is it
supportive of your mission effort? _____

18. What do you hope to contribute to the missionary situation (whatever it may be) in which may be placed? _____

19. What type of mission work do you prefer to do? _____

20. Please list any extracurricular activities in which you are involved. _____

21. Please list any other skills you feel you have that would be beneficial on the _____ mission field.

Please complete and return to:
Hosean International Ministries
P.O. Box 17668
Little Rock, AR 72222-7668
mail@hosean.org