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## SHORT-TERM MISSIONS PROGRAM APPLICATION FORM

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Name: .....

Age ..... Sex: .....Phone: .....

Address:.....

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Occupation /Education: .....

Church/ Ministry Associated With: .....

Name of Pastor/ Leader/ Recommendation: .....

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Choose the Batch you're volunteering: 1st Batch ..... 2nd Batch .....

***(\*Kindly attach the following Documents):***

1. *Photo ID*
2. *Personal Testimony*
3. *Pastor/ Leader's Recommendation Letter*

### **Instructions**

**Send the form and the attached documents to the following Email Address:**

**[hrangchalruati@gmail.com](mailto:hrangchalruati@gmail.com)**