

# 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](mailto:mail@hosean.org)