

**APPLICATION FORM FOR PROSPECTIVE MISSIONARIES
WISHING TO WORK FOR AT LEAST A YEAR IN A MISSION COUNTRY**

Name & Surname: _____

Telephone Number: _____

Postal Address: _____

Parish: _____

E-mail Address: _____

Date and Place of Birth: _____

Age: _____ ID No: _____ Passport No: _____

Passport Expiry Date: _____ Status: _____

Employment: _____

What type of work can you do in a developing country?

Do you wish to go to a particular place? Why?

List any voluntary work you have carried out in Malta or abroad.

Name a Voluntary Organisation with which you have worked.

Date: _____ Signiture: _____

Fill in this application, address it to the Secretary and send it to;
VLM, Mission's Office, 7, Merchants Street, Valletta Vlt 1171