



# THE LAST GREAT HARVEST COMMISSION



POST OFFICE BOX TL2560 -TAMALE  
Contact: 0542187008 / 0200299129 / 0546969492  
Email: info@tlghc.org Website: www.tlghc.org

## ADOPT A PASTOR/CHURCH APPLICATION FORM

.....  
First Name Middle Name Sur Name

.....  
Name on Momo account.....

.....  
Email Phone number Martial status Age.

.....  
Number of children Sources of income

.....  
Place of ministry Years in ministry Nature of ministry

.....  
Name of mother/central church .....

.....  
Name of Senior Pastor/spiritual father/mentor .....

.....  
Phone Number of spiritual father/ mentor .....

.....  
Educational qualifications .....

.....  
Technical/vocational abilities .....

### DECLARATION

I Certify that the information given in this form is correct to the best of my knowledge.

.....  
Signature of Applicant

.....  
Date of Application

**FOR OFFICE USE ONLY**

**File Number:-----**

.....

**A. Certified village ministry: yes/no**

**B. Directly involved with ministry: yes/no**

**C. Connected to: (Mr/Miss/Dr).....**

**D. Rejected:.....**

**E. Other comments.....**

**TLGHC Missions Directors' Approval**

**Name:..... Signature:.....**

**Date:.....**

