

Hearts of Medical Missions Applications

Return to: HOMM, Attn: Byung In Lee, 8301 Arlington Blvd. #401, Fairfax, VA. 22031

For any questions, call: 703-645-0065 or email: odpc.homm@gmail.com

Today's Date: _____

Name (as it appears on your passport): _____

I've been called to serve in (circle one): West Africa / Uzbekistan / China / Other: _____

Address: _____

Phone: cell: _____ Home: _____ Work: _____

E-mail: _____ **(VERY IMPORTANT!)**

Date of Birth: _____ Single: _____ Married: _____

US Citizen: Yes / No -If no, then you are a citizen of: _____

Passport #: _____ Exp. Date: _____

-If not US citizen. Alien Card #: _____ Exp. Date: _____

Name of church you attend: _____

How did you hear about HOMM?: _____

Any previous mission trips? If so, where and when?: _____

Occupation: _____ College Name: _____

Health status: very healthy: _____ Generally healthy: _____ Need medications: _____

-Name of medications: _____

Languages you can speak: _____

Any talents (Playing instruments, sports, Tae Kwon Do, teaching, crafts, children's ministry, etc.):

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- () Submit a 1-2 page(s) personal testimony: How you met Jesus? Why you're interested in this mission?
 - () Submit two of 2x2 photos (passport photos)
 - () Photocopy of your passport and driver's license
 - () *If not a US citizen, submit a copy of your Alien card (front and back)
 - () \$30.00 non-refundable registration fee (payable to ODPC)