

Han Martial Arts for Missions Mission Project Team Application Please complete and email to pastormarvin@thejube.org

First Name: Last Name:	
Age: Birth Date: Full Name must b	be exactly as appears on Passport
Address:	
City: State: Zip Co	ode:
Phone Number: () Alternate Phone: ()
Email Address:	
How did you find out about Han Martial Arts for Missions?	
Where are you a Han MA Student? City:	State:
Who is your primary Instructor?	
Current Belt:	
Where do you attend church?	
Pastor's Name: Phone:	
May we contact your Instructor and/or Pastor? YES NO	
Are you a U.S. Citizen? YES NO	
Do you have any criminal history?	
MarriedSingle	
Spouses Name: Phone:	
Do you have a valid and current U.S. Passport? YES NO	
Passport Number:	
Do you have a current vaccination record from your home state?	YES NO
If not, can you acquire one? YES NO	
Does your vaccination include Polio and Yellow Fever vaccination	? YES NO
Can you take Malaria tablets? YES NO	
Can you travel long distances in confined quarters (12-20 hours onYESNO	commercial aircraft in coach)?
Have you ever travel outside of the United States? YES N	0
If YES, where, when and for what purpose?	
Have you ever been on a Christian Missions trip? YES No	
If YES, please share with us your experience:	
Do you speak any foreign languages?	
Do you have any experience do you have with instructing or public	speaking?
Do you have any experience working with children?	
Do you have any physical limitations or health conditions that may	inhibit your ability to travel long
distances, instruct, conduct demonstrations or may place your well	
immediate medical attention is required? YES NO	
If YES, please explain:	
Why do you desire to go into this mission field with HMAFM?	