SOAR INTERNATIONAL MINISTRIES 140 Bidarka St. #1714 Kenai, AK 99611 Phone: 907-283-1961/888-388-7627

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APPLICATION for Returning Volunteers Please take a moment to help us update our files by providing the following information.

Name:	Email:
Address:	
City:	State: Zip:
Phone: ()	Cell: ()
Marital Status:	_ Date of Birth:
Trip applying For:	
Employer name:	Job Title:
Work address:	
City:	State: Zip:
T-shirt size:Small	MedLargeX-largeXX-LargeOther
Are you taking any med	cations: If yes, for what?
Do you have health cond	itions/disabilities/allergies that could affect your participation?
If yes, please explain: +++There is often quite a b	t of walking involved in our trips. Please inform us if that would be an issue for
or use of a controlled sul	icted of a criminal act, physical abuse, sexual misconduct, possessistance? Is there any thing in your background that working with children? If yes, please explain on a separate sh
	Address:
Pastor's name:	Phone:

(Please ask your pastor (or other church leader) to complete and send to SOAR the accompanying reference forms.

Do you read, write, or speak the Russian language? ____ Explain:_____

Please list email addresses of anyone you would like to receive SOAR's updates while on your trip:

The following MUST accompany this application:

- Answers to the three questions on a separate sheet of paper
- Signed Doctrinal Statement
- Signed Personal Covenant
- SIGNED VISA Application
- Your passport (be sure that it is current and signed)
- Two (2) passport size pictures
- \$250.00 initial donation (pay online or with a check payable to SOAR)

Confirm that your pastor will send a reference form to SOAR for your application.

Emergency Contact Information:

Name:	Relationship:		
Address:			
City:	State:	Zip:	
Phone:	Cell:		

I allow SOAR to use photos and video with my image in all promotional materials (initial) ______ I agree SOAR to apply for a background check (initial) ______

I attest that to the best of my knowledge, the above information is true and complete. If accepted for a trip, I will participate voluntarily and of my own free will. I will not hold the sponsoring mission/missionaries or anyone involved in organizing or carrying out the trip responsible for any accident, injury, or other personal loss that might result from this trip. I will submit to trip leadership and maintain a cooperative spirit and Godly attitude in all activities realizing that I am a testimony of Jesus Christ. (Initial)____

Signature:	Date:
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