SOAR INTERNATIONAL MINISTRIES

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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: _____

Male:_____ Female: _____ Marital Status:_____ Date of Birth:_____

Most recent SOAR trip? (Circle one) SAS / BOH Year:_____

Current Trip Applying For: (Circle one) SAS/ BOH Trip Dates:_____

Employer name:_____ Job Title:_____

Work address:_____

City:_____ State:_____ Zip:_____

T-shirt size: _____Small _____Med._____Large _____X-large _____XX-Large _____Other

Are you taking any medications:_____ If yes, for what? _____
_____

Do you have health conditions/disabilities/allergies that could affect your participation?
_____

If yes, please explain:_____
_____

+++There is often quite a bit of walking involved in our trips. Please inform us if that would be an issue for you

Have you ever been convicted of a criminal act, physical abuse, sexual misconduct, possession or use of a controlled substance?_____ Is there any thing in your background that would disqualify you from working with children?_____ If yes, please explain on a separate sheet of paper.

Church Attending:_____
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
- A copy of your passport (be sure that it is current and signed)
- $250.00 initial deposit (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: _____
Phone:_____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
2nd Contact:
Name: _____ Relationship: _____
Phone: _____ Email: _____

Have you acquired a new skill or talent or is there anything else that you would like the SOAR staff to know about you for the upcoming trip? _____
_____
_____

I allow SOAR to use photos and video with my image in all promotional materials (initial) ___
I acknowledge that SOAR may ask me 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: _____