SOAR INTERNATIONAL MINISTRIES

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SHORT-TERM MISSION APPLICATION

(For married couple, each should fill out a separate application)

Name:_____ Email:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: _____ Cell: _____

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

Trip applying For:_____

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: _____ Yes _____ No
If yes, for what?
_____
_____

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

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) and an unrelated friend to each complete and send to SOAR the accompanying reference forms)

Please list any ministries that you are currently involved in:
_____
_____

List any other ministry you have been involved in:
_____
_____

Have you ever led someone to accept Jesus Christ as their personal Savior?
_____

Are you comfortable sharing the Gospel or would you like training?
_____

How would you like to grow personally on this trip?
_____
_____

Circle any skills or gifts that could be used on this trip? (Music, games, crafts, construction, medical, photography)
Please explain: _____
_____

Beyond these, what strengths do you bring on this trip?
_____
_____

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

Is there any other information related to this ministry trip that would be helpful for us to know about you?

_____
_____
_____
_____

Please explain on a separate sheet of paper:

1. How and when you came to know Jesus Christ as your personal Lord and Savior
2. What changes occurred in your life following your conversion.
3. What evidence is in your life now of a personal relationship with God.

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 (or church leader) **AND** a friend 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: _____

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