

SOAR INTERNATIONAL MINISTRIES

135 Granite Pt. Ct. Kenai, AK 99611

Phone (907) 283-1961/888-388-7627 Fax (907) 283-2861

Email: info@soarinternational.org Web: www.soarinternational.org

SHORT-TERM MISSION APPLICATION

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

Refer to website for submission and donation deadlines

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell () _____

Male ___ Female ___ Marital Status _____ Date of Birth _____

Trip Applying For: Stuff a Stocking ___ Eng. Camp ___ *Internship ___ Eng. Intensive ___

*Circle Internship emphasis: TESOL - Communications - International Missions

Employer name _____ Job Title _____

Work address _____

City _____ State _____ Zip _____

T-Shirt size: oSmall oMed oLarge oX-Large oXX-Large oOther _____

Are you taking any medication? _____ If yes, for what? _____

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

If yes, please explain: _____

Do you have any dietary requirements that we should be aware of? _____

If yes, please explain: _____

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

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.)

How are you ministering in your church? _____

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? _____

What skills or gifts would you like to use/offer on this trip?

Music ___ **Sports/Games** ___ **Crafts** ___ **Construction** ___ **Medicine** ___ **Teaching** ___

Other: _____

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

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

Please explain on a separate sheet of paper:

- 1. How and when you came to know Jesus Christ as 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.**

I _____ allow SOAR to use photos and video with my image in promotional materials or
Int. social media.

Emergency Contact Information:

Name: _____ **Relationship:** _____

Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Other:** _____

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 initial donation (pay online or with a check payable to *SOAR*)

Confirm that your pastor **and** a friend will send a reference form to SOAR for you

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.

Signature: _____ Date: _____