

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.
Refer to the website for submission and donation deadlines

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 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: _____

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.)

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 write on another sheet of paper what God has been teaching you through His word and what God has been working on in your life since your last trip with us.

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Other Phone: (____) _____

Email addresses of those you would like to receive SOAR's updates while on your trip.

_____	_____
_____	_____
_____	_____

The following must accompany this application:

- Answer to the question at the top of this page
- 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 your pastor sent or is sending 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: _____