



Team Location: SAINT PETERSBURG, RUSSIA

Full Name \_\_\_\_\_  Female  Male  
 Permanent Address \_\_\_\_\_  
 School Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_  
 SS# \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
 Place of Issue \_\_\_\_\_

Are you a student?  yes  no  
 School Name \_\_\_\_\_  
 School Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Major \_\_\_\_\_ Year \_\_\_\_\_

Parents Names \_\_\_\_\_  
 Parents Address \_\_\_\_\_  
 Parents Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Do you attend church regularly?  yes  no  
 Name of church \_\_\_\_\_ Pastor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Web Page \_\_\_\_\_

What is your **International** medical/accident insurance?  
 Name of Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

In case of emergency, contact (parent, family member, etc):  
 Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_

Previous cross-cultural experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous ministry and/or leadership experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information provided above is accurate and true to the best of my knowledge.**

**I give permission for Board Members, Staff and workers associated with Sunergos International to see the information stated above and use it under their discretion.**

**I give permission for Sunergos International to use my photograph and quote me in, not limited to, publications, presentations and advertising.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please Attach COPIES of the following documents:**

- 1. Passport**
- 2. Immunization Record**
- 3. HIV Test**
- 4. Medical Release from Doctor**
- 5. Insurance Policy**

**Please Attach ORIGINALS of the following Sunergos International FORMS:**

- 1. Release of Liability**
- 2. Consent to Treatment**
- 3. Insurance Information**

**Please MAIL all forms and documents to: Sunergos International – 24 Roy St, Suite 191, Seattle, WA 98109**