

SUN



ERGOS

Serving orphans, widows and the poor

SUNERGOS INTERNATIONAL
24 Roy Street, Suite 191, Seattle, WA 98109
info@sunergosinternational.org
www.sunergosinternational.org

INTERN APPLICATION

Location: SAINT PETERSBURG, RUSSIA

Dates Available: _____ Length of stay: _____

Full Name _____ Female Male
Permanent 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 _____

Do you have **International** medical/accident insurance? yes no
Name of Company _____
Policy Number _____

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

3. Describe any cross-cultural or relevant travel experience.

4. What relationship do you see between this internship ministry opportunity and the rest of your vocational goals or present career/vocation?

5. In your opinion, what is the purpose of an internship with a ministry organization?

5. Why do you want to participate with Sunergos International?

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 include a non-refundable deposit of \$250 made payable to Sunergos International.

References given to (provide name address, phone, email):

1. _____
2. _____
3. _____

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