


 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 \_\_\_\_\_

For students or single applicants:

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: \_\_\_\_\_



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

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

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5. In your opinion, what is the purpose of a short-term mission trip?

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5. Why do you want to participate on a Sunergos International team?

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**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**