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***MATT SORGER MINISTRIES***  
**MISSIONS TEAM**  
**APPLICATION PACKET**

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# **MISSIONS TEAM APPLICATION INSTRUCTIONS**

***PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY***  
***Complete one application packet per person, per trip***

Thank you for your interest in traveling with *Matt Sorger Ministries* as a **Missions Team** member. Attached to this instruction sheet is an application packet for you.

**PLEASE NOTE: Your Application cannot be processed until we have received ALL the completed forms listed under your applicant type. Keep a copy of all forms for your records.**

## **APPLICATION PACKET CONTENTS:**

- ☐ Application Instructions and Information ..... Pages 1-3
- ☐ Deposit Form (M1) ..... Page 4
- ☐ MSM Missions Team Application (M2)..... Pages 5-6
- ☐ Discipline Policy and Media Release (M3) ..... Pages 7-8
- ☐ Liability Release Form for Ministry/Missions Outreach (M4)..... Pages 9-10
- ☐ Pastor's Reference Evaluation and Release Form (M5) ..... Pages 11-12
- ☐ Confidential Reference Evaluation (M6)..... Pages 13-14

**ALL APPLICANTS MUST BE AT LEAST 18 YEARS OLD BY DATE OF APPLICATION**

## **APPLICANT TYPES:**

**IF YOU ARE A PASTOR WHO IS CURRENTLY PASTORING**, please complete and return each of the following forms - one per person, per trip:

1. Deposit Form (M1) along with \$500 deposit in US Funds.
2. MSM Missions Team Application (M2). On the line which asks, "Pastor's Name" – clearly indicate that you are the pastor of the church that has been identified on the form.
3. Signed Discipline Policy Form (M3).
4. Liability Release Form for Ministry/Missions Outreach (M4).

**IF YOU ARE NOT A PASTOR**, please complete and return each of the following forms – one per person, per trip:

1. Deposit Form (M1) along with \$500 deposit in US Funds.
2. MSM Missions Team Application (M2).
3. Signed Discipline Policy Form (M3).
4. Liability Release Form for Ministry/Missions Outreach (M4).
5. Pastor's Evaluation and Release Form (M5). **Please remind your pastor that we will not approve any independent team member without a pastor's release.**
6. Confidential Reference Evaluation (M6).

**Please read each form carefully, and PRINT answers as clearly as possible.**

**THANK YOU!**

## APPLICATION INFORMATION

Considering the scope of such a ministry trip, we are asking for a fairly in-depth amount of information, some of which is quite personal. Often, the first time we meet a team member is when we gather at the airport, on route to the missions location. Therefore, it is absolutely imperative that we have personal knowledge and background information before approval is granted for team participation. Please be assured that all information provided is kept strictly confidential between the *MSM Missions* Coordinators and Team Leaders.

## TEAMS

Each person on the trip will be placed on a team with other team members, a Team Leader and a Team Intercession Coordinator. Teams may be formed from one specific church or ministry, or may consist of individuals from different churches, denominations, regions or countries.

## MINISTRY CONDITIONS

Some of the places and hotel conditions we will visit may seem quite primitive in comparison to what you are used to. The pace required on these trips can be rigorous, emotionally draining, and at times, physically exhausting. Every team member must be able to stand through long days, and continue functioning autonomously. They must be able to pace themselves under what can sometimes be trying conditions. We ask that you be prepared “to run and not grow weary, to walk and not faint!” On the other hand, it will be tremendously rewarding to be a part of God’s outpouring!

The key word is “flexibility”! Ministry meetings will be held in local churches, open-air arenas or large tents. We work side-by-side with the local church and its ministry leaders, and under their authority.

## COSTS

Trips cost **approximately \$3500 (US Funds only)**. **European trips are usually more.** Payments are to be made in two increments in accordance with the following schedule:

PAYMENT TYPE	AMOUNT DUE	DUE NO LATER THAN
1) Deposit	\$500 USD	<b>Three months before departure date (by 1<sup>st</sup> day of that month).</b> For example: If travel month is October, then deposit & application packet is due no later than July 1 <sup>st</sup> .
2) Final Balance	\$3000 USD	<b>Two months before departure date (by 1<sup>st</sup> day of that month).</b> For example: If travel month is October, then final balance is due no later than August 1 <sup>st</sup> .

### Costs Include:

- Roundtrip airfare from US Hub Airport (most likely **John F Kennedy International Airport in New York**). Please note that airfare to the US Hub Airport is an additional cost to the individual. Team members located outside of the USA will be handled on a case-by-case basis, and will probably meet the rest of the team in one of the stop-over countries.
- Two meals per day.
- Accommodations within the missions country.
- Ground and air transportation within the missions country.
- Travel Medical Insurance (Secondary Only). Please note that it is the applicant’s responsibility to obtain primary travel medical insurance to cover possible medical needs, including evacuation. It is also recommended that applicant obtains travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage associated with International travel.
- Administrative Fees.

**VERY IMPORTANT:** Airport taxes, Travel Medical Insurance (primary), passports and required Visa fees are not included, and will be the responsibility of each individual. Please make sure your passport is current, **it must not expire within six months** of departure date. Also, when traveling overseas there may be a number of vaccinations recommended depending on the country traveling to. We highly suggest that you talk with your physician or local health department to obtain further guidance on this.

## **APPLICATION PROCESS**

Please complete one application packet per person, per trip. Send all completed forms to:

### **MATT SORGER MINISTRIES**

ATTN: MISSIONS TRIP

PO BOX 1648,

SELDEN, NY 11784

Receipt of your deposit tentatively holds your spot pending review and approval of your complete application packet. Space is extremely limited and acceptance is on a first come, first served basis. MSM Power Partners will be given preference.

**If the minimum deposit is not received with your application, we regret that we cannot process it.** All amounts must be in **US funds only**.

Make checks or money orders payable to: *Matt Sorger Ministries*. We can only accept checks and money orders processed through a US Bank in US funds.

If you are using a credit or debit card, please print all information neatly and be sure to sign the form. **Please Note: All credit and debit card charges are subject to a non-refundable 3.5% processing fee, which will be automatically added in upon processing.** If you desire to charge the full trip amount with application, please note that only the minimum deposit will be charged to your card until your application is fully approved.

We will Email you when your **complete** application package has been received. A confirmation letter with additional trip details will be provided upon approval of your application and qualifications.

## **CANCELLATION AND REFUND POLICY**

If you are not selected for a team, your deposit will be refunded in full. After your application has been processed, you may cancel up to 95 days prior to the departure date in order to receive a \$150 refund of this deposit. If for any reason, a team member cancels after 95 days prior to the departure date; the full deposit will be forfeited. If for some reason you cancel your trip within 65 days prior to the departure date or after we have paid for your air flights, you will not be refunded for your ticket price, unless we are able to transfer your ticket to someone else. Also, you will forfeit your deposit. In addition, you will not be refunded monies that MSM has paid out on your behalf to secure hotel, bus, and food service reservations. Any amount over and above the deposit, airline ticket and reservation monies spent on your behalf will be refunded to you by check.

## **QUESTIONS AND CONCERNS**

If you experience any uncertainty about the application process, or if you have any questions, you may email our office at: [missions@mattsorger.com](mailto:missions@mattsorger.com) Put "Missions Trip" on the subject line.

**We are so excited that you are praying about joining us  
for an amazing time in the Lord... It's all for His Great Glory!**

## DEPOSIT FORM

(Please Complete One Form Per Person Per Trip)

**PLEASE NOTE:** Your application for MSM Missions Team participation cannot be processed unless the minimum deposit of \$500 USD per person, per trip is included with this form.

Your Name: \_\_\_\_\_

I wish to be considered as a *Matt Sorger Ministries* Missions Team member on the following trip and dates:

Trip Name: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

### PAYMENT OPTIONS:

☐ Check or Money Order Payable to: *Matt Sorger Ministries*

Amount Enclosed: \$ \_\_\_\_\_ (US Funds Only) Check # \_\_\_\_\_

*We can only accept checks and money orders processed through a US Bank in US funds!*

Please note on the memo section of your check the **name of the team member** and the **trip the deposit is designated for**.

☐ Credit or Debit Card Charge Amount to be Charged: \$ \_\_\_\_\_

(Until application is approved, only the minimum deposit amount will be charged to your card.)

Please Select Your Credit/Debit Card Type:

☐ MasterCard ☐ Visa Card ☐ American Express ☐ Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Your credit/debit card charge will automatically convert to US Dollars. **All credit and debit card charges are subject to a non-refundable 3.5% processing fee, which will be automatically added in upon processing.**

### CANCELLATION AND REFUND POLICY:

If you are **NOT** selected for a team, your deposit will be refunded in full. After your application has been accepted, you may cancel **up to 95 days prior** to the departure date in order to receive a \$150 refund of the deposit. If for any reason a team member cancels after the cut-off date the deposit will be forfeited.

**I understand and agree to the above Deposit, Cancellation and Refund Policies (Page 3 & 4):**

Your Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**TAX RECEIPTS:** Matt Sorger Ministries' policy stands at not issuing tax receipts for missions' trip payments to anyone, in accordance with IRS directives.

**MSM MISSIONS TEAM APPLICATION**  
**(\*\*\*PLEASE PRINT ALL INFORMATION CLEARLY\*\*\*)**

For which Missions Trip are you applying? \_\_\_\_\_

Name exactly as it appears on your passport: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (Required for communication purposes): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Passport #: \_\_\_\_\_ Expires: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Have you ever traveled overseas? ☐ Yes ☐ No

If "Yes", where? (Last 3 places):

Year:

Length of Stay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What languages do you communicate in other than English? \_\_\_\_\_

List any gifts, skills and service interests you have including: administrative, computer, musical, drama, children's ministry, medical, mechanical/construction, teaching, or any other general skills: \_\_\_\_\_

\_\_\_\_\_

Please list any physical limitations or special health issues that may limit your participation, and any medications that you are presently taking: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier and Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

**Information of nearest relative or person to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Provide the names and email addresses of 3 people who will pray for you while you are ministering on the trip:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Are you born again? ☐ Yes ☐ No ☐ Unsure If "Yes", How Long? \_\_\_\_\_ Spirit-filled? ☐ Yes ☐ No ☐ Unsure

Do you attend church regularly now? ☐ Yes ☐ No Church name: \_\_\_\_\_

Denomination, if any: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ How long attended? \_\_\_\_\_

In what areas of church life have you served/are you currently serving? \_\_\_\_\_

What healing prayer ministry training have you had? \_\_\_\_\_

Have you had other ministry training? ☐ Yes ☐ No Describe: \_\_\_\_\_

Have you been on short-term missions trips before? ☐ Yes ☐ No If "Yes", when and where: \_\_\_\_\_

Briefly explain why you would like to participate as an MSM Team member: \_\_\_\_\_

Are you willing to minister in a way consistent with *Matt Sorger Ministries* team guidelines? ☐ Yes ☐ No

Are you willing to submit to the leadership and to be lovingly corrected, if necessary? ☐ Yes ☐ No

If attending without your spouse, does he or she support your participation? ☐ Yes ☐ No

For roommate considerations, please answer the following questions:

How would you describe your temperament? \_\_\_\_\_

Are you? ☐ an early riser ☐ a late night owl ☐ neat & tidy ☐ cluttered & jumbled ☐ quiet sleeper ☐ snorer

### **CHECK LIST:**

- ☐ Deposit Form (M1)
- ☐ Application Form (M2)
- ☐ Discipline Policy and Media Release (M3)
- ☐ Liability Release Form for Ministry/Missions Outreach (M4)
- ☐ Copy of photo page from valid passport.
- ☐ Personal testimony about my salvation or current walk with God (no more than 500 words)
- ☐ I have/I'm in the process of purchasing International travel insurance.
- ☐ **I have read, understand and agree with the application and accompanying information.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE MAIL ALL COMPLETED FORMS TO:**

**Matt Sorger Ministries, Attn: Missions Trip, PO Box 1648, Selden NY, 11784 USA**

(Your application cannot be processed until we have received ALL completed forms.)

Please keep a copy of all forms for your records.

**Email: [missions@mattsorger.com](mailto:missions@mattsorger.com) | Website: [www.mattsorger.com](http://www.mattsorger.com) | Phone: 631-696-4950 | Fax: 631-696-4995**

*We reserve the right to deny any application based on our judgment of the applicant's qualifications/experience as compared to those required for MSM Missions Trips.*

## DISCIPLINE POLICY

**Matthew 18:15-17:** “*And if your brother sins, go and reprove him in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that **BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED.** And if he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax-gatherer.*”

**It is our intent to follow Biblical patterns of discipline within the confines of our ministry trips.**

*Matt Sorger Ministries* Missions will outline the procedures that will be followed so as to avoid as many misunderstandings as possible. You are asked to read the outlined procedures below, sign the consent form, and return it to us. In doing this you agree to receive correction, public rebuke and/or removal, and corporate compliance with the decisions made by leadership as outlined in the procedures. If issues of sin or disobedience come to light, rest assured, we will follow the steps below to bring resolution to the situation.

The reasoning is simple. These trips are attempting to open up countries to renewal and revival, and therefore attract spiritual warfare. We realize that if you are not right with God, the accuser will find an opening and use it against you. If the door is not open too wide, then a slight correction will bring resolve to the situation. If sin has had its hold for too long, even correction by loving brothers and sisters may not turn you aside. If that should happen, you will be asked to leave and if you choose not to leave, we will bring you before the ministry team and inform them that they must have nothing to do with you. In signing this consent form, you agree to abide by the decisions of *MSM* Missions leadership and their collective wisdom in handling such matters.

We realize that it is difficult, if not inappropriate, for everyone to know the particulars of any given situation, and that you must trust those in authority over you to seek the Lord in their decisions. In signing this, you agree to abide by their decisions totally. You must understand that we want nothing more than to work side-by-side with each of you. However, we must be realistic as the apostles were, and follow the guidelines they have laid before us. We have heard of ministry trips almost destroyed because of one person's disobedience or sin. It is because of these experiences that we have endeavored to bring order where the enemy would want confusion and destruction. We are at war and therefore compliance with the decisions is not optional, but mandatory.

1. We believe that if you have a problem with anyone, you are to go to that person, without going to anyone else first. Go and attempt to bring understanding and resolution. If it is with someone of the opposite sex, then talk with him or her in a place where others are around but cannot hear. Many times what you consider a problem is only a misunderstanding, and bringing it to their attention often brings resolution.
2. If you find no resolution after you have talked with them, you are to bring it to your Team Leader. The individuals involved are required to go and discuss the problem with the Team Leader. Then the Team Leader will determine what the problem is, who is at fault, and bring closure to the situation.
3. If your Team Leader finds later that there has been no closure after his meeting, he will confront the parties with the Team Administrator. The Administrator will be informed of the situation by the Team Leader and will bring another voice of reason and authority to bring closure to a difficult situation.
4. If the Team Leader and Team Administrator have found the person to be in *rebellion to correction*, then they will inform the senior *MSM* representative, and he will bring final closure to the situation in which all parties will be present to hear how the matter shall be ended. At this time options will be given as to how it will end, and end it will. The possible options may include returning home within



24 hours, or to be brought before the *MSM* Missions Team. If the second option is chosen, the ministry team will be informed to not have anything to do with you throughout the remainder of the trip. You will not be allowed to ride, eat, sleep, or be with any member of the team. The team will not have anything to do with you.

5. If what you are involved in is a sin that cannot at the discretion of leadership be taken care of in a timely manner, or would affect the team in an adverse way, leadership reserves the right to go immediately to step 4.
6. In signing this agreement you not only agree to follow these procedures for discipline if you are directly involved, but you also agree as a team member to follow the directions of leadership regarding other team members.

**DISCIPLINE POLICY CONFIRMATION:**

**Trip Name & Dates:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**MEDIA RELEASE**

*Matt Sorger Ministries* uses multiple forms of media (such as photographs and video footage) for advertising, promotional materials, web pages and publications. In signing below, you fully authorize *MSM* to use video, photographs and other forms of media taken of you, in any or all of the above mentioned forms.

*I hereby authorize Matt Sorger Ministries to use any photographs or video footage taken of myself in any and all publication forms mentioned above.*

**Your Signature:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**LIABILITY RELEASE  
AND PARENTAL CONSENT FORM  
FOR  
MSM MINISTRY/MISSIONS OUTREACH**

***WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS***

In consideration of my being accepted by Matt Sorger Ministries (MSM) for participation on a Ministry /

Missions Team outreach to \_\_\_\_\_ dated \_\_\_\_\_

Through \_\_\_\_\_ I make the representations and undertakings set out below:

- ☐ I am either over 18 years of age or ☐ my parents will sign and notarize this Parental Consent Form.
- ☐ I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.
- ☐ I know that international travel involves danger or risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.
- ☐ I know that *MSM* carries medical travel insurance as secondary insurance, that *MSM* does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.
- ☐ I know that *MSM* does not carry any insurance other than the secondary medical travel insurance noted above, and I acknowledge that *MSM* has advised me that *MSM* does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that *MSM* require that I carry or obtain primary medical insurance to cover possible medical needs, including evacuation occurring during this trip; and that *MSM* has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.
- ☐ I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

**In consideration of my being permitted to participate as an MSM Missions Team Member on the above Ministry/Missions Trip: (Please initial each of the following paragraphs)**

**I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.**

**Initials:** \_\_\_\_\_

**I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY MSM, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.**

**Initials:** \_\_\_\_\_

**I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.**

**Initials:** \_\_\_\_\_

**I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.**

**Initials:** \_\_\_\_\_

**I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING OR RESULTING FROM MY PARTICIPATION.**

**Initials:** \_\_\_\_\_

**I AUTHORIZE MSM TO ARRANGE FOR TRANSPORTATION, FOOD AND LODGING FOR ME ON THIS TRIP.**

**Initials:** \_\_\_\_\_

**I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHO'S BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.**

**Initials:** \_\_\_\_\_

**I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:**

**NAME OF MINOR CHILD(REN):** \_\_\_\_\_

<b>I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL</b>
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**Signature(s) (Notarized if under age):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Names:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact's Relationship to You:** \_\_\_\_\_

# PASTOR'S REFERENCE EVALUATION AND RELEASE FORM

**APPLICANT:** Please fill in this section and give to your pastor, along with an addressed, stamped envelope (addressed to: Matt Sorger Ministries, Attn: Missions Trip, PO Box 1648, Selden, NY 11784, USA).

Name of Applicant: \_\_\_\_\_

Applying to: \_\_\_\_\_ On: \_\_\_\_\_  
(Missions Trip Destination Country) (Dates of Travel)

I give my full consent that my pastor may complete this Reference Evaluation and release it to *Matt Sorger Ministries*.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Pastor/Church Leader:

The applicant above has applied to be on a Matt Sorger Ministries Missions Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have the pastor's release and confirmation of the applicant's fitness for service. Therefore the screening committee greatly appreciates your supplying the information requested on this form. Please return this form **DIRECTLY TO OUR OFFICE** upon completion. Thank You!

1. Length of time of your acquaintance with applicant: \_\_\_\_\_ Years \_\_\_\_\_ Months.

2. In what areas of church life has the applicant served, and in what areas is he/she currently serving?

\_\_\_\_\_

3. Evaluation of Applicant's Emotional & Spiritual Maturity: The Applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

## PHYSICAL CONDITION

(Generally speaking)

- ☐ Frequently incapacitated
- ☐ Somewhat below par
- ☐ Fairly healthy
- ☐ Good health

## SOCIAL INTERACTION

- ☐ Avoided by others
- ☐ Tolerated by others
- ☐ Liked by others
- ☐ Well-liked by others

## TEAMWORK

- ☐ Frequently causes friction
- ☐ Insists on having own way
- ☐ Usually cooperative
- ☐ Works well with others
- ☐ Energized by teamwork

## EMOTIONAL RESILIENCE

(In trying situations)

- ☐ Gets angry; impulsive
- ☐ Withdrawn
- ☐ Gets discouraged easily
- ☐ Meets constructively

## WILLINGNESS TO SERVE

- ☐ Reluctant to serve
- ☐ Motives confused
- ☐ Usually willing to serve
- ☐ Eager to serve as needed

## INTELLIGENCE

- ☐ Learns and thinks slowly
- ☐ Average mental ability
- ☐ Alert; has a good mind
- ☐ Brilliant, exceptional

## ACHIEVEMENT

(Ability to carry plans to conclusion)

- ☐ Starts but doesn't finish
- ☐ Does only what is assigned
- ☐ Meets average expectations
- ☐ Superior creative ability

## LEADERSHIP

- ☐ Makes an effort to lead
- ☐ Tries but lacks ability
- ☐ Has some leadership promise
- ☐ Unusual ability to lead

## CHRISTIAN EXPERIENCE

- ☐ Relatively superficial
- ☐ Over-emotional
- ☐ Genuine but mild
- ☐ Warmly contagious
- ☐ Rich and growing

**RESPONSIVENESS**

(To the feelings and needs of others)

- ☐ Slow to sense how others feel
- ☐ Reasonably responsive
- ☐ Understanding & thoughtful
- ☐ Extremely responsive

**PRAYER MINISTRY**

(Praying with and for inner and physical healing)

- ☐ Has had much experience and expertise
- ☐ Has some training and experience
- ☐ Has not been trained and is very new at this

## 4. Overall evaluation of applicant's ministry skills and training:

- ☐ Incompetent      ☐ Doubtful      ☐ Adequate      ☐ Superior      ☐ Highly competent

## 5. Listed below are some of the tendencies which, if present, may reduce the effectiveness of the Applicant. Please check all words or descriptions which pertain to Applicant:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Impatient   | <input type="checkbox"/> Argumentative                                | <input type="checkbox"/> Domineering      | <input type="checkbox"/> Cocky              |
| <input type="checkbox"/> Easily offended   | <input type="checkbox"/> Critical of others                           | <input type="checkbox"/> Anxious          | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Easily discouraged  | <input type="checkbox"/> Intolerant                                   | <input type="checkbox"/> Self-absorbed    | <input type="checkbox"/> Nervous or tense   |
| <input type="checkbox"/> Unable to cope with stress  | <input type="checkbox"/> Given to moods                               | <input type="checkbox"/> Lacking in humor | <input type="checkbox"/> Frequently worried |
| <input type="checkbox"/> Erratic in attitudes  | <input type="checkbox"/> Prejudiced towards other races/nationalities |   |   |
| <input type="checkbox"/> If applicant seems relatively free from all such tendencies, please check here. |   |   |   |

## 6. Please comment briefly on the family and social background of the Applicant: \_\_\_\_\_

7. Is the Applicant tithing regularly? ☐ Yes ☐ No

## 8. Please describe any physical limitations the applicant may have: \_\_\_\_\_

## 9. Please use the back of this sheet to elaborate if the answer is "yes" to any of the following questions:

- |  |  |
|--|--|
| a. Has Applicant proven on any occasion to be unreliable, dishonest, or of questionable character?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. As far as you know, has Applicant ever been arrested for any offense other than minor traffic violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. To your knowledge, has Applicant ever been involved in drug abuse, homosexuality, or the occult?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Has Applicant had psychiatric treatment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are you aware of any unresolved problems in their life (unrepentance, anger, unforgiveness, impurity)?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 10. What is your overall evaluation of the Applicant's promise as a Missions Team participant?

- |  |  |
|--|--|
| <input type="checkbox"/> He/She is definitely unsuited                         | <input type="checkbox"/> He/She is an average prospect               |
| <input type="checkbox"/> At this time I feel he/she is not suited              | <input type="checkbox"/> He/She is an above average prospect         |
| <input type="checkbox"/> He/She is a good prospect, but I do have reservations | <input type="checkbox"/> He/She is an unusually exceptional prospect |

## 11. Check any of the following that you feel are motivating the Applicant to become involved with MSM Missions Teams:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Christian Service              | <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Desire to help others       |
| <input type="checkbox"/> Travel                         | <input type="checkbox"/> Receive help, ministry      | <input type="checkbox"/> Escape unpleasant home life |
| <input type="checkbox"/> Adventure                      | <input type="checkbox"/> Discipleship                |  |
| <input type="checkbox"/> Others (please specify): _____ |  |  |

Pastor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Church/Ministry Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Church Address: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE MAIL ALL COMPLETED FORMS TO:****Matt Sorger Ministries, Attn: Missions Trip, PO Box 1648, Selden NY, 11784 USA***Please note that Applicant's application will not be processed until all forms, including this one, are submitted. Thank you.***Email: [missions@mattsorger.com](mailto:missions@mattsorger.com) | Website: [www.mattsorger.com](http://www.mattsorger.com) | Phone: 631-696-4950 | Fax: 631-696-4995**

# CONFIDENTIAL REFERENCE EVALUATION

**APPLICANT:** Please fill in this section and give to a long-time associate, along with an addressed, stamped envelope (addressed to: Matt Sorger Ministries, Attn: Missions Trip, PO Box 1648, Selden, NY 11784, USA).

**Name of Applicant:** \_\_\_\_\_

**Applying to:** \_\_\_\_\_ **On:** \_\_\_\_\_  
(Missions Trip Destination Country) (Dates of Travel)

I give my full consent that my friend may complete this Reference Evaluation and release it to *Matt Sorger Ministries*.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dear Friend of the Applicant:**

The applicant above has applied to be on a Matt Sorger Ministries Missions Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore the screening committee greatly appreciates your supplying the information requested on this form. Please return this form **DIRECTLY TO OUR OFFICE** upon completion. Thank You!

1. Length of time of your acquaintance with applicant: \_\_\_\_ Years \_\_\_\_ Months. How known? \_\_\_\_\_
2. In what areas of church life has the applicant served, and in what areas is he/she currently serving?  
\_\_\_\_\_  
\_\_\_\_\_
3. Evaluation of Applicant's Emotional & Spiritual Maturity: The Applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

## **PHYSICAL CONDITION**

(Generally speaking)

- ☐ Frequently incapacitated
- ☐ Somewhat below par
- ☐ Fairly healthy
- ☐ Good health

## **SOCIAL INTERACTION**

- ☐ Avoided by others
- ☐ Tolerated by others
- ☐ Liked by others
- ☐ Well-liked by others

## **TEAMWORK**

- ☐ Frequently causes friction
- ☐ Insists on having own way
- ☐ Usually cooperative
- ☐ Works well with others
- ☐ Energized by teamwork

## **EMOTIONAL RESILIENCE**

(In trying situations)

- ☐ Gets angry; impulsive
- ☐ Withdrawn
- ☐ Gets discouraged easily
- ☐ Meets constructively

## **WILLINGNESS TO SERVE**

- ☐ Reluctant to serve
- ☐ Motives confused
- ☐ Usually willing to serve
- ☐ Eager to serve as needed

## **INTELLIGENCE**

- ☐ Learns and thinks slowly
- ☐ Average mental ability
- ☐ Alert; has a good mind
- ☐ Brilliant, exceptional

## **ACHIEVEMENT**

(Ability to carry plans to conclusion)

- ☐ Starts but doesn't finish
- ☐ Does only what is assigned
- ☐ Meets average expectations
- ☐ Superior creative ability

## **LEADERSHIP**

- ☐ Makes an effort to lead
- ☐ Tries but lacks ability
- ☐ Has some leadership promise
- ☐ Unusual ability to lead

## **CHRISTIAN EXPERIENCE**

- ☐ Relatively superficial
- ☐ Over-emotional
- ☐ Genuine but mild
- ☐ Warmly contagious
- ☐ Rich and growing

**RESPONSIVENESS**

(To the feelings and needs of others)

- ☐ Slow to sense how others feel
- ☐ Reasonably responsive
- ☐ Understanding & thoughtful
- ☐ Extremely responsive

**PRAYER MINISTRY**

(Praying with and for inner and physical healing)

- ☐ Has had much experience and expertise
- ☐ Has some training and experience
- ☐ Has not been trained and is very new at this

## 4. Overall evaluation of applicant's ministry skills and training:

- ☐ Incompetent      ☐ Doubtful      ☐ Adequate      ☐ Superior      ☐ Highly competent

## 5. Listed below are some of the tendencies which, if present, may reduce the effectiveness of the Applicant. Please check all words or descriptions which pertain to Applicant:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Impatient   | <input type="checkbox"/> Argumentative                                | <input type="checkbox"/> Domineering      | <input type="checkbox"/> Cocky              |
| <input type="checkbox"/> Easily offended   | <input type="checkbox"/> Critical of others                           | <input type="checkbox"/> Anxious          | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Easily discouraged  | <input type="checkbox"/> Intolerant                                   | <input type="checkbox"/> Self-absorbed    | <input type="checkbox"/> Nervous or tense   |
| <input type="checkbox"/> Unable to cope with stress  | <input type="checkbox"/> Given to moods                               | <input type="checkbox"/> Lacking in humor | <input type="checkbox"/> Frequently worried |
| <input type="checkbox"/> Erratic in attitudes  | <input type="checkbox"/> Prejudiced towards other races/nationalities |   |   |
| <input type="checkbox"/> If applicant seems relatively free from all such tendencies, please check here. |   |   |   |

## 6. Please comment briefly on the family and social background of the Applicant: \_\_\_\_\_

7. Is the Applicant financially responsible? ☐ Yes ☐ No If "no", explain: \_\_\_\_\_

## 8. Please describe any physical limitations the applicant may have: \_\_\_\_\_

## 9. Please use the back of this sheet to elaborate if the answer is "yes" to any of the following questions:

- |  |  |
|--|--|
| a. Has Applicant proven on any occasion to be unreliable, dishonest, or of questionable character?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. As far as you know, has Applicant ever been arrested for any offense other than minor traffic violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| d. Has Applicant had psychiatric treatment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are you aware of any unresolved problems in their life (unrepentance, anger, unforgiveness, impurity)?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 10. What is your overall evaluation of the Applicant's promise as a Missions Team participant?

- |  |  |
|--|--|
| <input type="checkbox"/> He/She is definitely unsuited                         | <input type="checkbox"/> He/She is an average prospect               |
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- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Christian Service              | <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Desire to help others       |
| <input type="checkbox"/> Travel                         | <input type="checkbox"/> Receive help, ministry      | <input type="checkbox"/> Escape unpleasant home life |
| <input type="checkbox"/> Adventure                      | <input type="checkbox"/> Discipleship                |  |
| <input type="checkbox"/> Others (please specify): _____ |  |  |

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

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE MAIL ALL COMPLETED FORMS TO:****Matt Sorger Ministries, Attn: Missions Trip, PO Box 1648, Selden NY, 11784 USA***Please note that Applicant's application will not be processed until all forms, including this one, are submitted. Thank you.***Email: [missions@mattsorger.com](mailto:missions@mattsorger.com) | Website: [www.mattsorger.com](http://www.mattsorger.com) | Phone: 631-696-4950 | Fax: 631-696-4995**