

# **Matthew 25 International**

## **INDIVIDUAL LETTER OF INTENT AND APPLICATION**

This document represents a letter of intent to develop and agreement between the designated individual and Matthew 25 International. Acceptance of the designated individual for ministry work by Matthew 25 International, along with the signature of an authorized agent of the designated individual constitutes an agreement to abide by the terms as expressed in this letter. Only those authorized to act on behalf of the designated individual and the sponsoring church or organization are permitted to complete this application. It also represents agreement with the following statement of faith and an intention to support the future development of ministry in the host country through submission to the instructions of Matthew 25 International personnel in matters of conduct and ministry practice.

### **STATEMENT OF FAITH**

1. I believe the Bible to be the inspired and the only infallible, authoritative Word of God.
2. I believe that there is one God, externally existent in three persons: Father, Son and Holy Spirit.
3. I believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His present rule as Head of the Church, and in his personal return in power and glory.
4. I believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
5. I believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
6. I believe in the resurrection of both the saved and the lost: that the saved are saved unto the resurrection of life, and that the lost are lost unto the resurrection of damnation.
7. I believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender and class difference.

I am applying for \_\_\_\_\_(country) on \_\_\_\_\_(dates).

Name (As it appears on your passport)\_\_\_\_\_

Passport Number\_\_\_\_\_ Birthday (Month/Day/Year)\_\_\_\_\_

Group Name if applicable (Church of Organization)\_\_\_\_\_

Street Address (please no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

INDIVIDUAL

PARENT OR GUARDIAN (IF UNDER 18)

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

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

Please submit this completed application with a \$300 non-refundable application fee (which will be applied to the total price of the trip)

## HEALTH HISTORY FORM

Applicants Name: \_\_\_\_\_

Short-Term Missions Trip to: \_\_\_\_\_ Dates: \_\_\_\_\_

To be completed by the applicant and/or physician. Answer YES or NO to the following conditions whether you have them or not. If you answered YES, briefly explain under "REMARKS".

	Yes/No		Yes/No
Sinus Condition		Shortness of Breath	
Ear Problems		Skin Infection	
Lung Problems		Hearing Difficulty	
Heart Trouble		Bad Eyesight	
High Blood Pressure		Do you wear contacts?	
Fainting or Dizzy Spells		Any medical care in the past year?	
Seizures		Any surgery in the past year?	

Have you been exposed to any known infectious disease in the past three weeks? YES \_\_\_\_\_ NO \_\_\_\_\_

Hepatitis? \_\_\_\_\_ Other? \_\_\_\_\_

Do you have any disorder preventing strenuous activity? \_\_\_\_\_

Are you currently taking any prescribed medication? \_\_\_\_\_

Do you have a negative reaction to any drug or medication of any type? \_\_\_\_\_

REMARKS: \_\_\_\_\_

Please List any ALLERGIES: \_\_\_\_\_

Give the date of inoculation or vaccination against the following:

Tetanus:	Small Pox:	Measles:
Polio:	Diphtheria:	Typhoid:

IN CASE OF EMERGENCY, please list the name, address and phone of person to be contacted:

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

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

INDIVIDUAL

PARENT OR GUARDIAN (IF UNDER 18)

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

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

## HEALTH HISTORY FORM

(Page 2 of 2)

(Note: For all overseas trips, this form is to be filled out by a physician unless it is a matter of conscience)

PHYSICAL EXAMINATION: Physician, please note: This activity is mostly conducted outdoors under very warm conditions. Manual labor and lifting will be involved, and unsanitary conditions may exist.

Applicants Name: \_\_\_\_\_ Examination Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

Briefly:

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Throat \_\_\_\_\_ Ears \_\_\_\_\_ Eyes \_\_\_\_\_

Skin Condition \_\_\_\_\_ Hernia \_\_\_\_\_ Blood Pressure \_\_\_\_\_

In your opinion, is the applicant physically capable of travel, physical labor, and mission work under unfavorable conditions? \_\_\_\_\_ YES \_\_\_\_\_ NO

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

---

### HEALTH INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Matthew 25 International**  
**WAIVER AND RELEASE OF LIABILITY – READ CAREFULLY**

In consideration of volunteering on behalf of Matthew 25 International during its missions to \_\_\_\_\_ during the month of \_\_\_\_\_ in 20\_\_\_\_, including but not limited to activities such as construction, clean-up, repairs, rebuilding, reconstructing, remodeling, children’s ministry, youth ministry, outreaches, special church services, women’s ministry, men’s ministry, and otherwise assisting in helping children, youth and other persons,

I, \_\_\_\_\_, fully understand and acknowledge, appreciate, and agree with all of the following related to the above volunteer activities:

1. I am at least eighteen (18) years of age at the time of this application, OR, my child is under eighteen (18) years of age at the time of this application and I (we) are signing this waiver and release of liability on behalf of my (our) child.
2. The risk of injury or illness from the activities involved in this program is significant, including the potential for illness with permanent effects, permanent injury, crime victimization and/or death, and while my particular skills, equipment and personal discipline may reduce risk, the risk of serious illness, injury or death does exist.
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS BOTH KNOWN AND UNKNOWN, IN HELPING PERSONS IN NEED**, and assume full responsibility for my participation in these volunteer activities.
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any significant hazard during my participation, I will remove myself from participation and bring such to the attention of employees of Matthew 25 International immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Matthew 25 International, their board, pastors, officers, officials, agents and or employees, other volunteers, sponsoring agencies, sponsors, the General Council of the Assemblies of God and/or any organization related thereto, and if applicable, owners and lessors of premises used for this ministry activity (“Associated Parties”), with **respect to any and all illness, injury, disability, death, loss of damage to person or property associated with my presence or participation**, WHETHER ARISING FROM THE NEGLIGENCE OF Matthew 25 International or Associated Parties or OTHERWISE, except for the GROSS NEGLIGENCE OR WILLFUL MISCONDUCT of Matthew 25 International or Associated Parties

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE WAIVER AND RELEASE. BY SIGNING THE BOTTOM OF THIS WAIVER, I AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS. IT IS MY INTENTION TO EXCEPT AND RELIEVE MATTHEW 25 INTERNATIONAL AND ASSOCIATED PARTIES FROM LIABILITY FROM PERSONAL INJURY, PERSONAL ILLNESS, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE SAVE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT. I SIGN THIS WAIVER AND RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

The venue of any dispute that may arise out of this agreement or otherwise between the parties of Matthew 25 International or its Associated Parties as a party shall be the courts of civil jurisdiction of Saint Mary Parish, Louisiana.

FOR ADULT

Age \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Matthew 25 International Inoculation Policy

Using caution in privacy concerning healthcare and matters of personal conscience, it is the obligation of each traveler to assume all responsibility and cost for their health and care while visiting their travel destination.

We **strongly recommend** that every individual or authorized guardian of those under 18 years of age consult with your **health care professional** concerning any and all inoculations and/or vaccinations before traveling outside the United States.

Furthermore, inoculations and/or vaccinations **may be suggested** by your health care professional. Some countries may require proof of certain inoculations and/or vaccinations to prevent delays, quarantine or added expense to the traveler.

By signing this application you agree to and understand this statement.

---

## Matthew 25 International – Missions Trip Awareness

### Lead Pastor's Information Only

\_\_\_\_\_ has applied to participate in the aforementioned mission's trip with Matthew 25 International. Because of the need for spiritual accountability, we request that each applicant have the endorsement of their Lead Pastor.

\_\_\_\_\_  
(name of church)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(signature of Lead Pastor)

**Matthew 25 International**

**CONSENT TO TRAVEL / MEDICAL RELEASE / DISCIPLINARY AGREEMENT**

*If you are under age eighteen (18), your parents must sign this form and have it notarized.*

I/We \_\_\_\_\_ and \_\_\_\_\_, being the parents or legal guardians of \_\_\_\_\_, a minor of \_\_\_\_\_ years of age, consent and agree that said minor may travel with a short-term missions team sponsored by Matthew 25 International for the time period of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**MEDICAL RELEASE**

I/We \_\_\_\_\_ and \_\_\_\_\_, being the parents or legal guardians of \_\_\_\_\_, do further give my/our consent for the director or properly appointed staff member of the short-term missions team under the sponsorship of Matthew 25 International to secure the administration of medical treatment or medication for the above named minor, and I/We do further agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary for the minor. The following medications or treatment should NOT be given to said minor because of dangerous reactions:

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

**DISCIPLINARY AGREEMENT**

I/We understand that while the above named minor participates in this mission's ministry, he or she is responsible to abide by all rules set forth by Matthew 25 International, its leaders and supervisory personnel. He or she must act in such a way as to promote team unity and service for the Gospel. Serious infractions of rules and/or misconduct by the child can result in dismissal from the trip. In that event, we the undersigned agree to assume the costs of returning the child to his or her home. We also agree to forfeit any possible refund.

\_\_\_\_\_  
Parent or Legal Guardian Signature (if at all possible, both parents are required to sign.      Date

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I hereby certify that on this day, before me, an officer dully authorized in the state and county aforesaid to take acknowledgments, personally appeared \_\_\_\_\_ to be known to be the person who executed the foregoing instrument and acknowledged before that (they/he/she) executed the same.

Witness my hand and official seal in the county and state last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_AD

My commission expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**Matthew 25 International**

**FOR PARENTS/GUARDIANS OR PARTICIPANTS OF MINORITY AGE**  
**(under age eighteen (18) at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of MATTHEW 25 INTERNATIONAL AND ASSOCIATED PARTIES and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless MATTHEW 25 INTERNATIONAL AND ASSOCIATED PARTIES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE, EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT of MATTHEW 25 INTERNATIONAL or ASSOCIATED PARTIES.

Print Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Print Name(s) of Parent(s)/Guardian(s) Signature \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_