



APPLICATION INSTRUCTIONS

<p>Dear Applicant,</p> <p>Thank you for your interest in joining us as a Sonshine Ministries Team Member!</p> <p>Attached is our application along with various forms and releases that MUST be completed to ensure your acceptance as a Ministry Team Member.</p> <p>Your application cannot be processed until Sonshine Ministries has received all of these completed documents. The following is a table of documents that are required:</p>	Application	Deposit Form	Liability Release	Discipline Policy	Ministry Team Training	Pastor's Evaluation	Confidential Evaluation	Affidavit of Temporary Guardianship (If you are younger than 18 years of age)	Picture of Applicant
IF YOU ARE CURRENTLY A PAID, PASTORAL STAFF MEMBER	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
IF YOU ARE AN INDIVIDUAL ACCOMPANIED BY YOUR PASTOR	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
IF YOU ARE TRAVELING WITHOUT YOUR PASTOR	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
IF YOU HAVE TRAVELED BEFORE ON A SONSHINE MINISTRIES TEAM	*	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

*Please call our office at (503) 997-3694 so we can update your information in our database.

Often, the first time a team member can be personally encountered is at the airport when the team gathers en route to the ministry location. Therefore, it is important that Sonshine Ministries has prior knowledge of each applicant's personal background before approval can be granted for team participation. Please be assured that all information provided is kept strictly confidential within the leadership of Sonshine Ministries.

Please send your application, other forms and deposit to Sonshine Ministries' address below. A deposit reserves your space on the ministry trip pending review and approval of your application. Space is limited and on most trips, acceptance is based on a first come, first serve basis. We cannot process your application without a deposit.

Make checks or money orders payable to: Sonshine Ministries International with the applicants name in the memo space. Your deposit can also be paid online through our website at sonshineminstirly.com, look for the missions tab. If you choose to pay for the whole ministry trip by debit/credit card, an additional 3% service charge will apply. All payments must be paid in U.S. dollars.

A Sonshine Ministries representative will contact you by phone or email when your application is approved. Upon acceptance, you will receive a packet including information about trip preparation, obtaining a passport and/or visa, immunizations, etc. (Currently, your tourist visa can be obtained on arrival at the airport in Tanzania).

If you have questions or concerns during the application process, please call (503) 997-3694 or email us at info@sonshineminstirly.com. You can also visit our website at www.sonshineminstirly.com for additional information.

Here are a few points about our Ministry Teams:

Ministry Teams

Each person on a ministry trip will be placed on a team with a team leader.

Ministry Conditions

Some of the places we minister may seem primitive in comparison to what you are used to. At times the pace required on these trips can be rigorous, emotionally draining, and physically exhausting. We ask that you be prepared "to run and not grow weary, to walk and not faint." On the other hand, the rewards of being instrumental in God pouring out His Spirit on His people are without measure!

Ministry Meetings

Each mission's trip is different but our typical trip will include opportunities of working with orphans and abused children, outdoor city festivals, leadership conferences, church services, healing meetings, missionary encouragement, and trips to the bush to unreached tribal groups.

Ministry meetings are often held in local churches, and sometimes are held in open-air arenas and market places. Sonshine Ministries works side by side with local church and ministries. When we are on their "turf" we submit to their authority. Ministry events are subject to change at any time during a mission's trip, we ask that you be flexible.

We are excited about your desire to join us in bringing the kingdom of God to East Africa. May the Lord bless you and continue to give you guidance as you seek His will!

In His Service,

A handwritten signature in cursive script that reads "Ray Schumacher". The signature is written in dark ink on a light-colored background.

Ray Schumacher
Sonshine Ministries International



APPLICATION

I am applying for acceptance as a Sonshine Ministries Team Member for:

Destination _____ Departure Date ____/____/____ Return Date ____/____/____

Personal Information:

Full Name (as it appears on your passport) _____ Nick Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

Email Address _____ Birth Date ____/____/____ Age _____

Marital Status _____ Gender: ☐ Male ☐ Female Spouses Name _____

If married, does your spouse support your participation? ☐ Yes ☐ No

Passport # _____ Expiration Date ____/____/____ Issuing Country _____

Note: International travel is prohibited within 6 months of passport expiration date

Medical Background

Emergency Contact Person: _____ Emergency Contact Phone # _____

How would you describe your health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

List any allergies: _____

List any physical limitations: _____

Have you ever been treated for any mental/emotional condition? ☐ Yes ☐ No

If yes, please describe _____

List any medications you are currently using: _____

Church Affiliation:

Name of Home Church _____ Denomination / Affiliation _____

Address _____ City _____ State _____ Zip _____

Name of Senior Pastor _____ May we contact your pastor? ☐ Yes ☐ No

Phone Number _____ Are you a member of this church? ☐ Yes ☐ No

Other Information

Are you willing to minister consistent with Sonshine Ministries' guidelines? ☐ Yes ☐ No

Are you willing to submit to correction if necessary? ☐ Yes ☐ No

Are you fluent in any languages other than English? ☐ Yes ☐ No

If so, name language(s) _____

Please give us an account of your personal Christian testimony.

What ministry responsibilities do you currently have in your church and/or community if any?

Why do you want to be a part of a mission trip with Sonshine Ministries International? What do you feel that you can contribute to the team?

Do you have any gifts or special skills that might be of use during this trip to Tanzania? (Example: preaching, teaching, construction, computer skills, children's ministry, artistic, medical/nursing, drama, etc.) Please explain.

I have answered these questions honestly and to the best of my ability. I understand that my application fee of \$200.00 per person is due with this application. I understand that Sonshine Ministries International will review this application and may schedule a phone interview for follow up questions. If I am not accepted as a team member on this trip that Sonshine Ministries International will refund my full deposit.

Applicant's Printed Name

Applicant's Signature

Date



MISSION TRIP DEPOSIT FORM

PLEASE NOTE: APPLICATIONS FOR *SONSHINE MINISTRIES INTERNATIONAL* TEAM PARTICIPATION CANNOT BE PROCESSED WITHOUT THE REQUIRED DEPOSIT.

I, _____, WISH TO BE CONSIDERED AS A SONSHINE MINISTRIES TEAM MEMBER FOR:

MINISTRY DESTINATION: _____

MINISTRY DATES: APPROXIMATE DEPARTURE: _____ APPROXIMATE RETURN: _____

DEPOSIT AMOUNT INCLUDED: (\$250 PER PERSON) \$ _____

Please make all checks payable to: Sonshine Ministries International.

You can also pay your deposit online through our website at: www.sonshineminstirity.com

If you choose to pay the balance of your trip by credit card, an additional 3% charge will be added.

CANCELLATION & REFUND POLICY

If you are not selected for a team, your deposit will be refunded in full.

Final payment must be received by the posted cutoff date.

SIGNATURE _____ DATE ____ / ____ / ____

PRINT NAME _____



MINISTRY TEAM TRAINING

IN ORDER TO MINISTER WITH ON THIS TRIP, WE REQUEST THAT YOU HAVE FAMILIARIZE YOURSELF WITH SONSHINE MINISTRIES BY READING AND UNDERSTANDING OUR VISION STATEMENT, OUR MISSION STATEMENT AND OUR CORE VALUES

WE ALSO RECOMMEND YOU READ AT LEAST 2 OF THE FOLLOWING:

<i>VISIONS BEYOND THE VEIL</i>	<i>by H. A. Baker,</i>
<i>FACE TO FACE WITH GOD</i>	<i>by Bill Johnson</i>
<i>TURNINGS</i> <i>The kingdom of God and the Western World</i>	<i>by Guy Chevreau</i>
<i>COME HOLY SPIRIT</i>	<i>by Andre' Ashby</i>
<i>CREATION REBORN</i>	<i>by Abner Suarez</i>

LIABILITY RELEASE

WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

I, _____, in consideration of my being accepted by Sonshine Ministries International for participation as a ministry team member traveling to _____, approximate dates ____/____/____ through ____/____/____, make the following representations and undertakings set out below:

I am 18 years of age or older (under 18, both youth and parents must initial and sign)

Initial: _____

I am in good health and have received all vaccinations required for this trip and have been notified by my county or state health department of all recommended vaccinations for travel in the countries or areas to be visited on this trip.

Initial: _____

I understand that international travel involves danger and 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 mission travel.

Initial: _____

Sonshine Ministries request that all visitors obtain international medical insurance prior to travel to our ministry. You can obtain a free online quote, and can purchase coverage immediately through the attached secure link and receive a Virtual ID Card immediately: <https://www.sevencorners.com/insurance/HW7C6EP>. The cost is very affordable. I agree to purchase International Major Medical Insurance to cover possible medical needs including evacuation that might occur during this trip and to provide Sonshine Ministries with evidence of coverage prior to departure.

Initial: _____

I acknowledge that Sonshine Ministries has advised me that Sonshine Ministries does not accept responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by an illness or injury to me on this trip are my responsibility.

Initial: _____

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 the 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.

Initial: _____

I accept and assume all risks and hazards from this activity, both known and unknown, including but not limited the risks and hazards identified in this document.

Initial: _____

I hereby voluntarily release, forever discharge, agree to hold harmless and indemnify Sonshine Ministries International, it's directors, officers, agents, employees, coordinators, facilitators, volunteers and other team members from any and all liability, claims, demands, actions or rights of action, 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 in the future, specifically including but not limited to the negligent acts or omissions of an person so released, held harmless and indemnified, and specifically including claims relating to any personal injury that I may suffer.

Initial:

I agree not to make a claim, file a suit or demand anything for any injury, death, or loss that arises from my participation in this activity.

Initial:

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.

Initial:

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.

Initial:

I authorize Sonshine Ministries to arrange for transportation, food and lodging for me on this trip.

Initial:

I agree that these promises, agreements, assumptions of risk and releases bind me, my family, and all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns.

Initial:

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.

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ DATE ____ / ____ / ____

PRINT NAME _____

FULL ADDRESS _____

NAME OF MINOR _____

SIGNATURE OF MINOR _____ DATE ____ / ____ / ____



DISCIPLINE POLICY

"If your brother sins; go and show him his fault 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. 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 collector." –Matthew 18:15-17

The enemy attempts to bring confusion, misunderstandings and spiritual warfare when ever we invade his realm; so we prepare for it. The goal of Sonshine Ministries is to create a safe, healthy environment, in order to minister both to the people of the country we visit and to each other. It is the intent of Sonshine Ministries to follow the biblical patterns of correction within the confines of all international ministry trips. We are a love based ministry and all correction is done through biblical love.

Below are procedures we ask you to follow if disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to Sonshine Ministries. By consenting to the following, you agree, that if necessary, to receive correction from Sonshine Ministries leadership.

1. If you have a conflict with any individual, we ask you to approach that person first, without going to other Ministry Team Members. Attempt to bring understanding and resolution to the problem.
2. If you find no resolution, the individuals involved are requested to discuss the problem with a Ministry Team Leader. The Ministry Team Leader should be able to determine what the problem is and bring closure to the situation.
3. If the Ministry Team Leader discovers that there has been no resolution, there should be another meeting with the parties involved, the Ministry Team Leader, and the a SMI representative in order bring closure to a difficult situation.
4. If the Ministry Team Leader and SMI representative find an individual to be in *rebellion to correction*, our representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. *Possible conclusions may include separation from the team for the duration of the trip.*
5. If any individual is involved in any sin that can not, 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 put procedure (4) into action immediately.

I AGREE TO FOLLOW THE PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY SONSHINE MINISTRIES INTERNATIONAL LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

SIGNATURE _____ DATE ____/____/____

PRINT NAME _____



MEDIA RELEASE

Sonshine Ministries International often takes photographs and video clips on ministry trips using them in Sonshine Ministries advertising, promotional materials, web page, and publications. In signing below, you fully authorize Sonshine Ministries to use video or photographs taken of you in any or all of the above mentioned materials.

I AUTHORIZE SONSHINE MINISTRIES INTERNATIONAL TO USE ANY PHOTOGRAPHS OR VIDEO FOOTAGE TAKEN OF MYSELF IN ANY AND ALL PUBLICATIONS MENTIONED ABOVE.

SIGNATURE _____ DATE ____/____/____

PRINT NAME _____

PASTORAL REFERENCE EVALUATION

I, _____, wish to be considered as a Sonshine Ministries Team Member for:

Destination: _____ APPROXIMATE DATES ____/____/____ to ____/____/____

I give my full consent for _____ to complete this form:
(NAME OF REFERENCE)

PASTORAL REFERENCE EVALUATION FOR SONSHINE MINISTRIES INTERNATIONAL.

SIGNED: _____ DATE ____/____/____

Dear Pastor/Church Leader,

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

Your Name _____ Name of Ministry/ Church _____ Your Position _____

How long have you been acquainted with the applicant? _____ In which area(s) of church life has the applicant served or is currently serving? _____

Please give a general over-view of our applicant regarding skills, disposition, strengths and weaknesses as you see them. _____

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

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

EMOTIONAL RESILIENCE

- ☐ Gets angry; impulsive
- ☐ Withdrawn
- ☐ Gets discouraged easily
- ☐ Meets constructively
- ☐ Unusual ability to lead

ACHIEVEMENT

(Ability to formulate, execute & carry plans to conclusion)

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

SOCIAL INTERACTION

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

WILLINGNESS TO SERVE

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

LEADERSHIP

(Ability to inspire maintain confidence)

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

TEAMWORK

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

INTELLIGENCE

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

CHRISTIAN EXPERIENCE

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

RESPONSIVENESS

(To the feelings/needs of others)

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

PRAYER MINISTRY

(Praying 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

Evaluation of applicant's skills, training, profession, or trade:
(Answer only if you have first-hand information)

In what other skills or areas are he/she well qualified?

- ☐ Incompetent
☐ Doubtful
☐ Adequate
☐ Superior in competence

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please check words or descriptions which pertain to this 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"/> Frequently worried | <input type="checkbox"/> Nervous or tense | <input type="checkbox"/> Given to moods |
| <input type="checkbox"/> Unable to cope with stress | <input type="checkbox"/> Lacking in humor | <input type="checkbox"/> Can't take a joke | <input type="checkbox"/> Intolerant |
| <input type="checkbox"/> Erratic in attitudes | <input type="checkbox"/> Racially Prejudiced | <input type="checkbox"/> Self-absorbed | |

If the applicant seems relatively free from all such tendencies, check here: ☐

Please comment briefly on the family and social background of the applicant. _____

Is the applicant financially responsible? ☐ Yes ☐ No

Please describe any physical limitations the applicant may have. _____

Is the applicant able to preach / teach the gospel effectively from the "pulpit?" ☐ Yes ☐ No

What size church are they able to speak in front of? ☐ <50 ☐ <100 ☐ <500 ☐ 500+

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

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

What is your overall evaluation of the applicant's promise as a Sonshine Ministries 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 |

Check any of the following that you feel are motivating the applicant to become involved with a Sonshine Ministries Ministry Team:

- | | | |
|--|--|---|
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Receive help, ministry |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Desire to spread the gospel | <input type="checkbox"/> Escape unpleasant home situation |
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Other: _____ |

REFERENCE NAME _____

PLEASE ATTACH TO EMAIL (or mail directly to):

ADDRESS _____

Sonshine Ministries International
P.O. Box 1356
Wilsonville OR 97070

PHONE (____) _____

ray@sonshineminsty.com

SIGNATURE: _____



CONFIDENTIAL REFERENCE EVALUATION

I, _____, wish to be considered as a Sonshine Ministries Team Member for:

Destination Country _____ DATE ____/____/____ to ____/____/____

I give my full consent that _____ complete this form
(NAME OF REFERENCE)

CONFIDENTIAL REFERENCE EVALUATION FOR SONSHINE MINISTRIES

SIGNED: _____ DATE ____/____/____

Dear Friend of the Applicant,

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

Your Name _____ Relationship to Applicant _____ How long have you known this applicant? _____

Please give a general over-view of our applicant regarding skills, disposition, strengths and weaknesses _____

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☐ Adequate

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| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Nervous or tense | <input type="checkbox"/> Given to moods |
| <input type="checkbox"/> Unable to cope with stress | <input type="checkbox"/> Lacking in humor | <input type="checkbox"/> Can't take a joke | <input type="checkbox"/> Intolerant |
| <input type="checkbox"/> Erratic in attitudes | <input type="checkbox"/> Racially Prejudiced | <input type="checkbox"/> Self-absorbed | |

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Have some reservations | <input type="checkbox"/> He/she is an unusually exceptional prospect |

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|--|--|---|
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Receive help, ministry |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Desire to spread the gospel | <input type="checkbox"/> Escape unpleasant home situation |
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Other: _____ |

REFERENCE NAME _____

PLEASE ATTACH TO EMAIL (or mail directly to):

ADDRESS _____

Sonshine Ministries International
P.O. Box 1356
Wilsonville OR 97070

PHONE (____) _____

ray@sonshineministry.com

SIGNATURE: _____