



*Igniting hearts, changing lives, impacting the world*

# Mashah Ministry Application

## **Mashah Ministry**

### Mission Statement:

Ministering God's love to people by helping them receive and understand God's truth to strengthen and empower them to love and serve the Lord with their whole being.

### Vision Statement:

Mashah Ministry is called to raise up children, youth, and adults who walk in freedom and wholeness through the redemptive power of Jesus Christ, so that they will attain the whole measure of the fullness of Christ in their lives.

1895 Wrightstown Road  
Washington Crossing, Pennsylvania 18977  
215-493-5080  
[www.crossingumc.org](http://www.crossingumc.org)

## Purpose:

The purpose of this questionnaire is to obtain a snapshot picture of your background. By completing these questions as fully and accurately as you can, you will save time and allow for a positive, meaningful discussion.

This application must be completed before we can move forward with ministry. This will help the person who oversees Mashah Ministry determine the Ministry Team that will best meet your needs. Please be assured that this information is highly personal. We treat all information as confidential.

Please return this application to the church office. Mark the envelope confidential, attention Mashah Ministry. You may also email it to: [amy@crossingumc.org](mailto:amy@crossingumc.org). Upon review of your application and acceptance to receive ministry, a Mashah team member will contact you to schedule your session. If your application is not accepted, it will be returned to you along with your donation.

Mashah is a Ministry of the Crossing. If you would like to make a donation to Mashah Ministry, please give a check payable to WCUMC to your Ministry Team. All donations received by Mashah Ministry go directly to help offset training expenses.

## General Information

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Are you willing to submit to ministry that is based on the Word of God and prayer? **Yes / No**

What has prompted you to seek ministry at this time?

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Have you had any form of counseling or prayer ministry before? **Yes / No**

If yes, please briefly describe:

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Are you in counseling at present? **Yes / No**

Do you currently have, or have you had at any time, emotional problems that required medication and/or hospitalization? **Yes / No**

Please briefly describe your family dynamics (i.e. Were you able to confide in caregivers?). What was the family atmosphere (loving/accepting, demeaning, etc.)?

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Please briefly describe the relationship you had with your mother.

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Please briefly describe the relationship you had with your father.

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Please briefly describe your childhood (happy, traumatic, etc.).

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Have you been involved in Occult activity? If so, what?

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Have you accepted Jesus Christ as your personal Savior? **Yes / No**

What is your availability to receive ministry?

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_  
Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_



1895 Wrightstown Rd., Washington Crossing, PA 18977

## **Mashah Ministry Release and Disclaimer**

You have the right to know: Disclaimer, Information and Agreement

The Washington Crossing United Methodist Church, Inc. and the Eastern Conference of the United Methodist Church, Inc. (hereinafter referred to individually and collectively as the “Crossing”) welcomes your participation as a “receiver” in this ministry. We at the Crossing would like to take this opportunity to provide you with some guidelines.

By signing this document you are acknowledging that you understand the limitations of the ministry and your responsibility for your own care, decisions and actions. Please review the following statement, and if you agree, please sign on page two.

I \_\_\_\_\_ understand that the purpose of this ministry is to pray for spiritual growth and healing. It is not a counseling service. I understand that the team members are not professional or licensed counselors, nor do they provide legal, medical, psychological or psychiatric advice. They are simply trained in using the Word of God and prayer to facilitate healing through the power of the Holy Spirit.

All personal information gathered in a ministry session is confidential, and the files are so maintained. Nevertheless, I do hereby give permission to the Mashah Ministry Team to consult with the Pastor of the Mashah Ministry at the Crossing.

*By law, there are certain situations in which information about individuals undergoing prayer ministry may be released with or without their permission. These situations are as follows:*

1. When children may be physically abused, neglected, or sexually abused, the proper authorities must be notified.
2. In emergency situations in which the client is a danger to himself or herself, or to others. As an example, confidentiality will be broken in cases involving potential homicides or suicides.
3. If a court of law issues a legitimate subpoena relating to a child abuse case, we are required by law to provide the information specifically described in the subpoena.
4. If an unreported life-threatening felony has been committed, we are required by law to report it to the police.

I have sought this ministry of my own free will and all personal information I reveal is given voluntarily in order to facilitate the team members working with me. I understand that the ministerial staff and the Mashah Team members are not professional counselors and that any comments made by them are not intended as professional advice. I understand that this ministry is not a substitute for professional guidance, and it may be that I may need legal, medical, psychological or psychiatric counseling in addition to the prayerful assistance I receive through this ministry. With this understanding, I hereby release the Crossing, its ministerial staff, agents, representatives, employees, and Mashah Ministry Team members from any liability or legal responsibility for any damages associated with harm to myself or others.

This release contains the entire agreement between the parties hereto, and the terms of this waiver and release are contractual and not mere recital.

The undersigned further states that I have carefully read the foregoing release, know the contents thereof, and sign the same of my own free act and deed.

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Signature

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Date

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Printed Name

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Witness