

GoTeam Application



Team you are applying for _____

Personal Information

Full Name (as it appears on passport)			
Date of Birth	Married? YES NO (circle one)		
Street Address			
City /ST/ ZIP Code			
Home Phone			
Work Phone	Employer Name:		
E-Mail Address			
Country of Citizenship	Passport #:	Expiration Date:	Passport place of Issue and Date of Issue

Note: All information on this application may be seen by IDP staff, team leader(s), and if necessary WBC Global Outreach Staff.

Are you a member of WBC/IDP?	YES NO (circle one)
How long have you been attending?	
What ministries are you involved in?	
Who are your ministry leaders?	
Do you feel equipped to lead someone to Christ? Yes, no? Why or why not?	
Do you know what your spiritual gifts are? If so, please list them here:	
How do you plan to fund this mission's trip? Fundraising? Own funds? Would you like instruction on raising support?	

Please check skills that may be used on this Go TEAM:

- Administration Construction Skills Business Children's Ministry Cooking
 ELL/EFL instruction Evangelism Finances Foreign language: _____
 Photography Preaching Small Groups Sports: _____
 Volunteer coordination Fundraising Youth Ministry Other: _____

References: if this is your first GoTeam application, we suggest references we can contact (non-relatives)

- A. Name: _____ Phone: _____ Email: _____
 Relationship: _____
- B. Name: _____ Phone: _____ Email: _____
 Relationship: _____

Questions regarding your spiritual life:

Describe your spiritual life at present. If you consider yourself a Christian, tell us how you came to Christ. (Please attach a separate page with your answer)

Why do you want to serve with this GoTeam?
How would you like to grow personally from participation in this GoTeam?

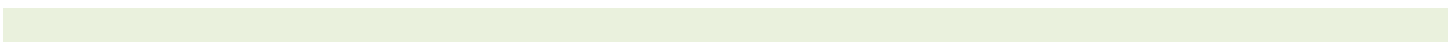
Medical History:

Do you have health insurance in the location to which you will be traveling?	YES NO (circle one)	Company:	Policy:
Describe any physical issue or health issue that could be affected by physical stresses or a lack of emergency medical services:			
State history of any previous hospitalizations:			
List any Allergies:			
Prescription drugs you are taking:			
Blood Type:		Organ donor: YES NO (circle one)	

Emergency Contact

Name		Relationship	
Street Address	City	State:	Zip Code:
Home Phone	Cell Phone		

WBC/IDP Release: If accepted for this trip, I will participate voluntarily and of my own free will. I will not hold team leaders, sponsoring mission/missionaries, or WBC/IDP responsible for any accident, injury, illness or other personal loss that might result from this trip. I authorize team leaders, as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness, which is deemed advisable. If I choose not to get any recommended immunizations, I will accept full responsibility for any consequences and not hold any of the aforementioned parties responsible. I will submit to team leadership and maintain a cooperative spirit in all activities. To the best of my ability, I will participate in team orientation and debriefing meetings. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate. I understand that my own health insurance will act as my primary insurer for the duration of my travels, and if my insurance does not completely cover my healthcare in the case of catastrophic events, WBC's/IDP's ACE Insurance program will serve as secondary insurance.



Signature	Date
Parental Permission (if under 18)	Date