



FIRST-TIME GO Team Application

Thank you for expressing interest in a GO Team from Wheaton Bible Church

Please return your completed application to globaloutreach@wheatobible.org or drop off your application in the Global Outreach Office (Upper 208) at Wheaton Bible Church. For questions, contact Jan Sokoloski at 630.876.6630. Upon acceptance to the GO Team, you will be asked to submit a \$100 deposit to hold your place and confirm your participation.

GO Team for which you are applying: _____

Have you spoken with a GO Team Leader or Global Outreach staff member about your interest in this team?

Yes Not yet

1. Full Name (as it appears on passport): _____

2. Date of Birth: _____ Gender: M F Married: Yes No

3. Street Address: _____

City: _____ State: _____ Zip Code: _____

4. Home Phone: _____ Cell Phone: _____

5. E-mail: _____

6. Country of Citizenship: _____

Passport #: _____ Place of Issue: _____

Date of issue: _____ Expiration date: _____

7. Place of employment? _____ Position: _____

8. Are you a member or regular attender of any of the following:

Wheaton Bible Church

Iglesia del Pueblo

Another church (please specify) _____

No church

Please complete all five pages.

9. If you are involved in one of the above churches, how long have you been attending? _____
10. What areas of ministry are you involved in through or outside of church?

Please list a staff member/ministry leader at our church whom you are most connected with.

11. Are you part of a Life Group, Adult Class, Bible study, or Serving group at Wheaton Bible Church or IDP?
___ No ___ Yes ... If so, what type of group (Place for You, Huddle, Life Group, Adult Community, Young Adults, Devoción, Choir, etc.)?

12. How equipped/comfortable do you feel to lead someone to Christ?
- ___ Very equipped / comfortable
 - ___ Moderately equipped / comfortable
 - ___ I'd prefer that someone else do this (I know how, but this is not in my comfort zone)
 - ___ I would not know how to do this

13. Why would you like to serve with this GO Team?

14. How would you like to grow personally from participation in this GO Team?

15. Do you have a sense of what your spiritual gifts are? If so, list them here:

16. List any ministry strengths / cross-cultural experience you bring to this trip:

17. Check skills you have that may be useful on this GO Team:

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Business | <input type="checkbox"/> Children's ministry |
| <input type="checkbox"/> Construction skills: | <input type="checkbox"/> Cooking | <input type="checkbox"/> Counseling |
| | <input type="checkbox"/> TEFL/TESOL/TESL Instruction | <input type="checkbox"/> Evangelism |
| | <input type="checkbox"/> Foreign language: | <input type="checkbox"/> Leading worship through music |
| <input type="checkbox"/> Finances | | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Sports: | <input type="checkbox"/> Teaching / Training |
| <input type="checkbox"/> Small group leading | | |
| <input type="checkbox"/> Youth ministry | | |
| <input type="checkbox"/> Other _____ | | |

18. Describe your spiritual life at present. If you consider yourself a Christian, tell us how you came to Christ. (Describe below or add an attachment if you have it typed out.)

19. As this is your first WBC GO Team, please suggest references (non-relatives) we can contact:

a. Name: _____ Phone: _____

Email: _____ Relationship: _____

b. Name: _____ Phone: _____

Email: _____ Relationship: _____

20. What are the means by which you plan to finance your participation in this GO Team? (check all that apply)

Personal funds

Raise support from friends at WBC / IdP / my church

Raise support from friends outside WBC / IdP / my church

I would like instruction or coaching on how to raise support

21. Do you have health insurance that will cover you in the location to which you will be traveling

No Yes Company: _____ Policy # _____

22. Describe any physical condition or health issue that could be affected by physical stresses or a lack of emergency medical services.

State history of any hospitalizations:

List any allergies: _____

Prescription drugs you are taking: _____

23. I have received all routine immunizations recommended by my doctor. I will confirm that I have an updated Tetanus / Diphtheria immunization on record. I agree to obtain any immunizations required for this trip, and I will check with my doctor, the CDC, the DuPage County Health Department and / or Walgreens inside Central DuPage Hospital for recommended immunizations.

Yes No If no, please explain: _____

24. I will read and agree to follow the GO Team Guidelines that will be provided to me as part of the application process. ___ Yes ___ No

25. If I am age 62 or older and am accepted to this team, I agree to ask my doctor to sign a letter (describing the nature of the ministry and medical facilities in-country) saying I am healthy enough to participate on the team. I understand that I will not be able to participate in this team without this letter, and that my deposit will not be deposited (and thus will still be refundable), nor will I begin support-raising, until I turn in this letter to my team leader. ___ Yes ___ No

26. Emergency Contact:

Name: _____ Relationship: _____

27. Street Address: _____

City: _____ State: ___ Zip Code: _____

28. Home phone: _____ Cell phone: _____

WBC 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 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.

Signature Date

Parental Permission (if under 18) Date

1-23-2025