



# VETERAN 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](mailto: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: \_\_\_\_\_

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

2. What was the last WBC GO Team you participated on, and when was it? \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Married? \_\_\_ Yes \_\_\_ No

4. Street Address: \_\_\_\_\_

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

5. Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

6. E-mail: \_\_\_\_\_

7. Country of Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

8. Place of employment? \_\_\_\_\_

Position: \_\_\_\_\_

9. Which do you attend?

\_\_\_ Wheaton Bible Church

\_\_\_ Iglesia del Pueblo

\_\_\_ Another church (which one and where?) \_\_\_\_\_

***Please complete all four pages.***

10. What areas of ministry are you involved in through WBC / Iglesia del Pueblo or outside of WBC?

11. Are you part of a Life Group, Adult Class, Bible Study, or Serving Group at church?

No  Yes ... If so, what type of group (Rooted, Place for You, Huddle, Life Group, Adult Community, Young Adults, Devoción, Choir, etc.)?

12. Why do you want to serve with this GO Team?

13. Are there any particular ways you would like to serve with this team or skills that you bring?

14. How equipped do you feel to lead someone to Christ?

Well equipped

Moderately equipped

Would prefer that someone else do this

15. 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

Raise support from friends outside our church

I would like instruction on how to raise support

16. Do you have health insurance coverage in the location to which you will be traveling?

No  Yes ... Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

17. 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:

18. List any allergies: \_\_\_\_\_

Prescription drugs you are taking: \_\_\_\_\_

19. 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: \_\_\_\_\_

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

21. 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

22. Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## WBC Release Form

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 trip preparation and evaluation sessions. 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