



**WCA Global Hospitality Ministry Host Application**

*A ministry of Willow Creek Association*

Fill out and mail to: P.O. Box 3188, Barrington, IL 60011-3188

Phone: 224.512.1201

fax: 847.765.7010

e-mail: [walshs@willowcreek.org](mailto:walshs@willowcreek.org)

Date: \_\_\_/\_\_\_/\_\_\_

Name, Last: \_\_\_\_\_ First: \_\_\_\_\_

Married  Single

Spouse: \_\_\_\_\_

**Participating Membership or actively pursuing is a requirement.**

Participating Member? Yes / No

If no, actively pursuing? Yes / No

Spouse Participating Member? Yes / No

If no, actively pursuing? Yes / No

*If not "actively pursuing" please include a short paragraph letting us know your reason.*

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

Nearest cross street: \_\_\_\_\_

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

Telephone (Home): (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax (Home): (\_\_\_\_\_) \_\_\_\_\_

**We strongly encourage the use of email as the most efficient and effective way to communicate with our hosts.**

**Pets:**  No  Yes If yes, type: \_\_\_\_\_

**Guest bedroom(s) (guests must have private sleeping areas)**

Room 1: Number of beds \_\_\_\_\_ Style: single / twin / double / queen / king / \_\_\_\_\_

Room 2: Number of beds \_\_\_\_\_ Style: single / twin / double / queen / king / \_\_\_\_\_

Room 3: Number of beds \_\_\_\_\_ Style: single / twin / double / queen / king / \_\_\_\_\_

Room 4: Number of beds \_\_\_\_\_ Style: single / twin / double / queen / king / \_\_\_\_\_

**Do you speak another language?**

No  Yes, language(s) \_\_\_\_\_

**Involved in a Small Group?**

No  Yes, ministry \_\_\_\_\_ LEADER NAME & PHONE #: \_\_\_\_\_

No  Yes, ministry \_\_\_\_\_ LEADER NAME & PHONE #: \_\_\_\_\_

Sector: \_\_\_\_\_ Welcome Letter sent \_\_\_/\_\_\_ by \_\_\_\_\_ Add to DB \_\_\_/\_\_\_ by \_\_\_\_\_