
PROCEDURES FOR GLOBAL SERVING TEAM APPLICATION

Please keep this form.

**You will need this important information as you prepare for your travels
with the Global Serving Team**

HOW TO APPLY

1. Review each item in the “General Requirements” section below. Then complete the Global Serving Team Application and return it to the WCA International Dept. Specify the destination and date for the trip, and respond to every question. Incomplete forms cannot be accepted.
2. Be aware of the application deadline for the trip. The deadline is designated from 2-4 months (perhaps more) before the trip departs. The training requirements, and issues with airline ticketing, mandate early application processes.
3. Please note the amount that must be submitted as a deposit with the application before it can be processed. Checks must be payable to Willow Creek Association. This deposit of \$200 is refundable only if you are not approved by the WCA International Department for a team.
4. Your application must be submitted with two (2) photocopies of the photo page inside your passport. You will bring your passport on the trip with you.
5. If you meet the conditions under “General Requirements”, an interview will be scheduled for you after you submit your application to the WCA International Dept. You will be notified promptly if your application is not accepted.
6. Refer any questions you may have regarding your application to the WCA International Department.

GENERAL REQUIREMENTS

1. Must be a regular attendee and a participant in the ministries of Willow Creek Community Church, Regional or a Willow Creek Association Church.
2. Must be at least 18 years of age. Exceptions are made on an individual basis usually with the involvement of a parent on the same trip, or when participating on a designated youth ministry team.
3. Agree to participate in all the required team training before the trip and plan to attend the designated team debriefing after the trip is completed.

4. Agree to the financial policy established by the WCA International Dept. All participants are personally responsible to arrange funding for their portion of the team/trip costs. Checks are to be made payable to Willow Creek Association, with the team destination specified in the check memo.
5. Must be in good health.

CRITERIA FOR SELECTION

1. Applicant meets all of the general requirements stated above.
2. Applicant possesses the skills or gifts needed for the identified tour, and expresses interest in the purpose of the particular Global Serving Team trip.
3. Applicant demonstrates a level of maturity and life experience to be able to fit well as a team player, and to respond to the leadership of another person.
4. Applicant is known to possess characteristics that will enable effective serving within a cross-cultural environment.

WCA International has the final decision to approve or not approve any applicant based upon the criteria for selection, and also based upon the applicant's scheduled interview.

GENERAL INFORMATION

1. Applications will be considered on a first-come first-served basis.
2. All tour participants are encouraged to travel with the team.

Before any travel plans are initiated that are different from the arrangements made for the entire team, a specific request written on a separate paper must be submitted the WCA International Dept. This must include proposed travel details. For any alternative plans for an individual, that person is responsible for all travel arrangements and for all additional costs incurred.



Date of Application: _____

Global Serving Team

APPLICATION FOR THE GLOBAL SERVING TEAM OF WCA INTERNATIONAL

67 East Algonquin Road, South Barrington, IL 60010 Phone 847-765-0070, ext.1330 Fax 847-765-7010 E-mail: ruffinoj@willowcreek.org

Please refer to the enclosed sheet: Procedures for Global Serving Team Application

Specify the **destination** and the **date** of the Global Serving opportunity: _____

PERSONAL [Redacted]

Last Name _____ First Name _____

Full name as it appears on your Birth Certificate or Passport _____

Do you have a Passport? Yes No What is the expiration date? _____

Address _____

City/State _____ Zip _____

Phone: Home (____) _____ Cell (____) _____

E-mail: _____

Shirt Size: small medium large x-large xx-large

Date of Birth _____ Male Female

CHURCH [Redacted]

Do you attend **Weekend Services** at WCCC or **WCA Member Church**? Yes No

When did you start attending? Month/Year _____

Are you a **Participating Member** of WCCC or **WCA Member Church**? Yes No

MINISTRY [Redacted]

With which WCCC or WCA Member Church ministries are you presently involved?

Briefly list your previous ministry involvement at WCCC or WCA Member Church or outside Willow Creek:

Briefly list any previous cross-cultural experience in ministry:
(e.g., inner city, international students, refugees, another country, etc.)

SKILLS

What foreign languages do you speak, read, or write? [Please indicate your proficiency level]

CHARACTER REFERENCES

1. WCCC or WCA Member Church Staff Member: Length of Time Known:

2. Small Group Leader: Length of Time Known:

Home Phone

Work Phone

3. Other Reference: Length of Time Known:

Nature of the relationship:

Home Phone

Work Phone

MEDICAL

Describe your health:

[Include a description of all conditions, which may limit your normal abilities in stress related situations]

Do you have medical insurance? Yes No

What is the name of your insurance company?

Policy# _____

Is it applicable outside the U.S.? Yes No

If yes, is it applicable under all conditions of geography and in all health conditions?

Yes No

SPIRITUAL LIFE

SPIRITUAL JOURNEY: please indicate the nature of your present relationship with God.

I AM NOT A BELIEVER, BUT I AM OPEN TO LEARNING & UNDERSTANDING MORE; RIGHT NOW I CONSIDER MYSELF TO BE ...

a skeptic (*doubting*) a spectator (*observing*) a seeker (*searching*) unsure (*lacking confidence*)

I AM A BELIEVER; I HAVE ACCEPTED JESUS AS LORD & SAVIOR, AND RIGHT NOW IN MY FAITH DEVELOPMENT, I AM A ...

a new believer (*recently trusted Christ*)

a growing believer (*trusted Christ, developing as a follower*)

a maturing believer (*experiencing life as a fully devoted follower of Christ*)

How did you come into a relationship with Jesus Christ?

What expectations do you have personally for this team and this trip and cross cultural ministry experience?

By submitting this application to be a part of a Global Serving Team through WCA International Ministry, I understand that I am personally responsible to arrange funding for my portion of the team/trip costs. > **Yes** **No**

Comments:

Signature

Date

Name: _____

HEALTH HISTORY

Have you ever been hospitalized? NO YES

Year(s) _____

Reason(s) _____

Blood Type: _____

Do you have, or have you ever had, any of the following:

Comment

Allergies to food, medicine or other substances.	NO	YES
Back problems, back pain or ruptured disk(s).	NO	YES
Any broken bones.	NO	YES
Cancer or tumors.	NO	YES
Shortness of breath or asthma.	NO	YES
Diabetes.	NO	YES
Ear or hearing problems.	NO	YES
Epilepsy or seizure disorder.	NO	YES
Thyroid problems or goiter.	NO	YES
Any heart disease.	NO	YES
High blood pressure.	NO	YES
Stroke(s).	NO	YES
Hernia.	NO	YES
Arthritis or joint problems.	NO	YES
Kidney disease or frequent urinary tract infections.	NO	YES
Stomach trouble or ulcers.	NO	YES
Migraine headaches.	NO	YES
Immune system disorders.	NO	YES
Are you now pregnant?	NO	YES

Do you have any other significant illnesses or diseases not listed above? _____

Reactions to allergies: _____

Has an allergic reaction ever required emergency room care? _____

Please list any medications you are currently using and the condition for which you are taking each:

Who is your primary physician? _____

Telephone number: _____

Health Insurance Company: _____

Policy Number: _____

List the name and phone number of a friend/family member who should be contacted in case of emergency:

Do you have any restrictions due to physical or health problems? _____

I hereby authorize the release of the information contained in this form to Willow Creek Association and to the other ministries or organizations that I will be working with relative to this trip.

Dated _____

Signed: _____



Global Serving Team

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in various programs, events or activities outside the United States (hereinafter collectively referred to as the "Activities") operated or sponsored by Willow Creek Association (hereinafter referred to as the "WCA").

I understand and acknowledge that the WCA will not allow me to participate in the Activities without releasing and holding the WCA harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among, other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT THE WCA ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE WCA, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE WCA, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

This Agreement is binding on my heirs, successors, and personal representatives.

Dated: _____ Signed: _____

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activity, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and as the result of which I am unable, in the opinion of

_____ (team leader),
to make an informed decision regarding such treatment, I hereby appoint

_____ (team leader)
my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment.

Dated: _____ Signed: _____

Dated: _____ Agent: _____



Global Serving Team EMERGENCY CONTACT LIST

Name: _____ **GST Country:** _____

Month and Year of Trip: _____

Emergency Contact Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Relationship: _____

Emergency Contact Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Relationship: _____



Global Serving Team PAYMENT FORM

Destination:

Serving Team Member:

Visa or MasterCard only

AMOUNT TO BE CHARGED:

CREDIT CARD NUMBER

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NAME ON THE CARD (print)

EXPIRATION DATE

SIGNATURE _____

DATE _____

Check only

I prefer to pay by check: Check No:

Amount:

Please return with your application and 2 copies of your passport to:

Jarrett Ruffino

WCA International, PO Box 3188, Barrington, IL 60611-3188 OR

WCA International in the Staff Center OR

email to ruffinoj@willowcreek.org