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# GLOBAL SERVING TEAM APPLICATION

## HOW TO APPLY

1. Review each item in the “General Requirements” section below. Then complete the application and return it to the WCA International Department.
2. Please note that a \$200 deposit must be submitted with the application before it can be processed. This deposit is refundable only if you are not approved by the WCA to serve on this team. See payment slip at end of this document.
3. Your application must be submitted with two (2) photocopies of the photo page inside your passport. You will bring your passport with you on the trip.
4. If you have not served on a prior Global Serving Team with the WCA, an interview will be scheduled with you either over the phone or in person.
5. 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, Willow 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.
3. Agree to the financial policy established by the WCA International Department. All participants are personally responsible to arrange funding for their portion of the trip costs.
4. 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 trip and expresses an interest in the purpose of the 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 the applicant's scheduled interview.

### **GENERAL INFORMATION**

1. Applications will be considered on a first-come first-served basis.
2. All 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 must be submitted to the WCA International Department. 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.



## GLOBAL SERVING TEAM APPLICATION

### PERSONAL

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name as it appears on your Passport \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt Size  small  medium  large  x-large  xx-large

### CHURCH

Do you attend Willow Creek Community Church or a WCA Member Church?  Yes  No

When did you start attending? \_\_\_\_\_

Are you a Participating Member of Willow Creek or WCA Member Church?  Yes  No

### MINISTRY

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

\_\_\_\_\_  
\_\_\_\_\_

Have you served on any previous WCA Global Serving Teams or other international mission trips?

Yes  No

If yes, which teams?

\_\_\_\_\_  
\_\_\_\_\_

**CHARACTER REFERENCES**

If this is your first WCA Global Serving Team, please list the name and contact details of a Willow Creek or WCA Member Church Staff Member we may contact.

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**MEDICAL**

Describe your health.  
(Include a description of all conditions, which may limit your normal abilities in stress related situations)

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Do you have medical insurance?       Yes       No

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

**SPIRITUAL LIFE**

Please explain how you would describe your current relationship with Jesus Christ.

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# HEALTH HISTORY FORM

In order to provide for your health care needs and assure your medical safety, your team leader will bring your completed health form on the trip to use as a reference should you require medical attention. Therefore, we need your honest answers to the following questions. The information you provide will be kept confidential. Please use the back of the form to expand on any answer you need to.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

## LIFESTYLE

Do you smoke?       Yes       No      If yes, how many packs/day? \_\_\_\_\_

Do you exercise?       Yes       No      Type of exercise? \_\_\_\_\_

Please list any dietary restrictions

\_\_\_\_\_

\_\_\_\_\_

## IMMUNIZATIONS (for informational purposes only)

Tetanus       Yes       No      Year: \_\_\_\_\_ **(required)**

Hepatitis A       Yes       No      Year: \_\_\_\_\_

Hepatitis B       Yes       No      Year: \_\_\_\_\_

TB Screening       Yes       No      Year: \_\_\_\_\_

**BLOOD TYPE** \_\_\_\_\_

## DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING?

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Allergies to food, medicine, or other substances. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Back problems, back pain or ruptured disc(s).     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath or asthma.                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy or seizure disorder.                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any heart disease.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High blood pressure.                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stroke(s).  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you now pregnant?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have any other significant conditions not listed above? \_\_\_\_\_

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

\_\_\_\_\_

Who is your primary physician? \_\_\_\_\_ Phone \_\_\_\_\_

**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.**

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_

**GENERAL RELEASE AND HOLD HARMLESS AGREEMENT**

Participant Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Trip Leader: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

I, \_\_\_\_\_, desire to participate in various programs, events or activities **Outside the United States**, (hereafter collectively referred to as "ACTIVITIES") operated or sponsored by Willow Creek Association (hereinafter referred to as the "WCA") and Willow Creek Community Church (hereinafter referred to as the "Church"). I understand and acknowledge that the WCA and the Church will not allow me to participate in the Activities without releasing and holding the WCA and the Church 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 and THE CHURCH ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE WCA AND THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEE, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE WCA AND THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTIONS, INJURIES, CLAIMS, DAMAGES, KIDNAP AND RANSOM DEMANDS, COST OR EXPENSES OF ANY KIND, INCLUDING ANY NEGLIGENCE OF THE WCA AND THE CHURCH, 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 OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC.

Initial

**Medical Treatment Authorization and Power of Attorney**

In the event I suffer and 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 \_\_\_\_\_ to make an informed decision regarding such treatment, and reasonable attempt to contact my spouse have been unsuccessful, to the extent allowed by local law, I hereby appoint **WCA or CHURCH Staff** as 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 and delegation of authority shall terminate in (90) days or when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment, or when the agent is able to contact my spouse, whichever occurs first.

Initial

**Authorization for Release of Information**

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activity, I authorize **WCA or CHURCH Staff** to contact **My Emergency Contact Person** to advise them of my injury or condition, and to consult with them regarding my injury or condition.

Initial

**The undersigned agrees to the above Initialed sections, and this agreement is binding on my Heirs, Successors and Personal Representatives.**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMERGENCY CONTACT LIST

Emergency Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**\$200.00 Deposit Due to Willow Creek Association with Application**

**TOP HALF FOR YOUR RECORDS**

Name of Participant: \_\_\_\_\_

**PAYMENT BY CHECK- MAKE PAYABLE TO WILLOW CREEK ASSOCIATION**

Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No. \_\_\_\_\_

**PAYMENT BY CREDIT CARD- WILL BE CHARGED ONCE RECEIVED**

AMEX     Visa     Master Card     Discover    Charge Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CUT HERE

CUT HERE

**\$200.00 Deposit Due to Willow Creek Association with Application**

**RETURN BOTTON HALF WITH PAYMENT**

Name of Participant: \_\_\_\_\_

**PAYMENT BY CHECK- MAKE PAYABLE TO WILLOW CREEK ASSOCIATION**

Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No. \_\_\_\_\_

**PAYMENT BY CREDIT CARD- WILL BE CHARGED ONCE RECEIVED**

AMEX     Visa     Master Card     Discover    Charge Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Balance of \$2,100 Due to Willow Creek Association by TBD**

**TOP HALF FOR YOUR RECORDS**

Name of Participant: \_\_\_\_\_

**PAYMENT BY CHECK- MAKE PAYABLE TO WILLOW CREEK ASSOCIATION**

Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No. \_\_\_\_\_

**PAYMENT BY CREDIT CARD- WILL BE CHARGED ONCE RECEIVED:**

AMEX     Visa     Master Card     Discover    Charge Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CUT HERE

CUT HERE

**Balance of \$2,100 Due to Willow Creek Association by TBD**

**RETURN BOTTON HALF WITH PAYMENT**

Name of Participant: \_\_\_\_\_

**PAYMENT BY CHECK- MAKE PAYABLE TO WILLOW CREEK ASSOCIATION**

Paid Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No. \_\_\_\_\_

**PAYMENT BY CREDIT CARD- WILL BE CHARGED ONCE RECEIVED**

AMEX     Visa     Master Card     Discover    Charge Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_