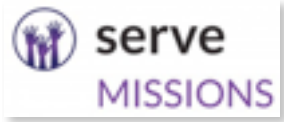


Date: \_\_\_\_\_

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



Please complete form online at [www.wcchapel.org](http://www.wcchapel.org) if possible

# TEAM MEMBER APPLICATION

PROJECT'S LOCATION AND DATES: \_\_\_\_\_

TEAM LEADER: \_\_\_\_\_

SPONSORING ORGANIZATION (S): WILLIAMSBURG COMMUNITY CHAPEL & \_\_\_\_\_ (IF APPLICABLE)

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Gender:  Male  Female

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

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

Phone: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Which is the best way to contact you? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Are you \_\_\_ currently in high school (grade \_\_\_) \_\_\_ currently in college (year \_\_\_)

Employer: \_\_\_\_\_

Type of Work: \_\_\_\_\_

In ministering to people, we believe it is our responsibility to provide a safe, nurturing, and doctrinally sound environment. Please answer the following questions. Any special concerns can be discussed individually with the team leader.

Are you using any recreational drugs or other intoxicating substances without a doctor's prescription? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Have you had a back ground check with the Chapel in the last two years.  yes  no If no, please apply for one at : <https://bib.com/SecureVolunteer/Williamsburg-Community-Chapel/Background-Check-Selection>

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

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

Marital Status:

- Single       Married       Separated       Divorced       Engaged  
 Widowed       Annulled       Divorced & Remarried

Spouse's Name: \_\_\_\_\_ Is he/she supportive of your participation in this trip? \_\_\_\_\_

## **TESTIMONY**

How and when did you come to faith in Christ? (i.e., your salvation story.)

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What changes in your life have you experienced now that you have come to faith? (May include difficulties or challenges as well as good things.)

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What has the past year has been like for you spiritually? In what areas have you seen spiritual growth over the last months? years?

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How would you describe your daily relationship with Jesus?

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

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

List 3 people in the Body of Christ, with at least one from Williamsburg Community Chapel, who know you and would serve as references for you. (Please include email, phone number and their relationship with you.)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_  
Know from Chapel:  yes  no

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_  
Know from Chapel:  yes  no

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_  
Know from Chapel:  yes  no

## CALLING AND GIFTS

Briefly describe why you see God calling you to participate in this trip. \_\_\_\_\_

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What are your spiritual gifts?

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How can you use your spiritual gifts on this trip?

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

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

What do you see as your role on this ministry team? \_\_\_\_\_

List any foreign language training you have had and the level of proficiency. \_\_\_\_\_

List any skills and talents you have, even if you think that they don't fit in with the focus of this trip. \_\_\_\_\_

Which talents would you most like to use on this trip? \_\_\_\_\_

## **INVOLVEMENT AND SERVICE**

Church Home: \_\_\_\_\_ If not the Chapel, please name your pastor \_\_\_\_\_ . How long have you attended? \_\_\_\_\_ Are you a member? \_\_\_\_\_ . If not a member do you attend  regularly  occasionally  
Have you been baptized?  yes  no If yes, when and where \_\_\_\_\_

Are you an active member of a  Small Group  Sunday School Class  Youth Group ?  
(Please check all that apply.)

Name of your leader or teacher: \_\_\_\_\_  
Have your group or class adopted any people group? \_\_\_\_\_ Which one? \_\_\_\_\_

Have you had training in personal evangelism? \_\_\_\_\_ Please explain \_\_\_\_\_

When was the last time you witnessed to someone? \_\_\_\_\_

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

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

What experience do you have in discipling someone? \_\_\_\_\_

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List the ministries at your church in which you have been involved. Please include the time of involvement and any leadership positions you have held: \_\_\_\_\_

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List the ministries outside of the church in which you have been involve. Please include the time of involvement and any leadership positions you have held. \_\_\_\_\_

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List and describe briefly any previous cross-cultural ministry experience, including country organization, year and purpose.

ORGANIZATION	YEAR	PURPOSE	COUNTRY

## FINAL QUESTIONS

Do you have friends or family members who plan to go on the trip with you?  yes  no

If yes, please list them: \_\_\_\_\_

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Why do you want to go on this trip? What excites you about it? What are some personal goals or desires you have for it? \_\_\_\_\_

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What do you think could be hard for you? What do you feel are some personal areas in which you need to grow? \_\_\_\_\_

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

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

How would you describe your personality? Extrovert? Introvert? Contemplative? Sensitive? Perceptive? Decisive? \_\_\_\_\_

You may be living and working in close proximity to other team members while on the field. How do you feel this will affect you? What might stress you in this regard? \_\_\_\_\_

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There will be many times when plans or schedules will change while on a mission trip. How do you feel you respond to change? Give an example. \_\_\_\_\_

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Would you be willing to experience personal inconvenience to come together as a team? Can you give an example of a situation when you had to make this adjustment? \_\_\_\_\_

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Before and during the trip, you will be under the direction of a team leader. While on the field you will be under the authority of the host receiver or missionary. How comfortable are you with not being able to determine your activities on the field? Do you foresee any problems with submitting to the authority of a team leader or host receiver/field missionary? Please explain.

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Is there anything else that you would like us to be aware of that could affect you on this trip or in the preparation process (personally, spiritually, emotionally, etc.)? \_\_\_\_\_

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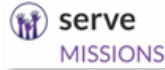
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Date: \_\_\_\_\_

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



PROJECT'S LOCATION AND DATES: \_\_\_\_\_

TEAM LEADER: \_\_\_\_\_

**PASSPORT INFORMATION**

Do you hold a current passport?  yes  no Country:  USA  Other \_\_\_\_\_

NAME AS IT APPEARS ON PASSPORT \_\_\_\_\_

(If applied for please write your name as it will appear in passport)

PASSPORT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TSA# \_\_\_\_\_ AIRLINE FREQUENT FLYER# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Country of Birth \_\_\_\_\_

**Note: Expiration date must be NO LESS than 9 MONTHS from date of return trip.**

**Please attach 3 clear copies of your passport.**

**EMERGENCY CONTACT INFORMATION**

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

Phone number: cell: \_\_\_\_\_ home: \_\_\_\_\_ other: \_\_\_\_\_

Trip Leader is authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

**Please attach 3 copies of your insurance card --front and back**

**MEDICAL INFORMATION**

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

How would you describe your present health?  Excellent  Good  Average  Poor

Are you presently under the care of a physician?  yes  if yes, please explain \_\_\_\_\_

Please state any major illness/surgery that you have had in the past 5 years. \_\_\_\_\_

**Date of Last Tetanus shot:** \_\_\_\_\_

For the following questions, if your answer is yes please list and/or explain

Medication:  yes  no \_\_\_\_\_

Allergies:  yes  no \_\_\_\_\_

Dietary Restrictions  yes  no \_\_\_\_\_

Other health concerns or problems: \_\_\_\_\_

Please explain any physical challenges that you may face on this mission trip: \_\_\_\_\_

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

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