

Name: _____

Date: _____



serve
MISSIONS

Team Member Application

wcchapel.org/missions

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? yes no

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>

Name: _____

Date: _____

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.)

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.)

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

How would you describe your daily relationship with Jesus?

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

Name: _____

Date: _____

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. _____

What are your spiritual gifts? _____

How can you use your spiritual gifts on this trip? _____

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? _____

Name: _____

Date: _____

INVOLVEMENT AND SERVICE

Church Home: _____

If not the Chapel, please name your pastor: _____

How long have you attended? _____ Are you a member? yes no

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? _____

What experience do you have in discipling someone? _____

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: _____

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. _____

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

ORGANIZATION	YEAR	PURPOSE	COUNTRY

Name: _____

Date: _____

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: _____

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? _____

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

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? _____

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. _____

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? _____

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.

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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TEAM LEADER: _____

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

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.

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: _____

MEDICAL INFORMATION *Please attach 3 copies of your insurance card (front and back)*

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: _____