

Calvary Church GO Team Application

Please carefully answer each question on this form in blue (preferred) or black ink. Note that every person (even in a family) must have his/her own application.

Please attach a recent color photo of yourself in this space. Passport size preferred.

**PHOTO IS
REQUIRED**

PERSONAL

Name _____

Legal name as it appears on passport _____

Team _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Email Address _____

Age _____ Date of birth ____/____/____

Marital Status: Single Married Divorced Separated

If married, spouse's name _____

Passport number _____ Date expires _____

Check here if you do not have a passport

Emergency contact name (not a team member) _____

Relationship _____

Day Phone _____ Evening Phone _____

HEALTH

Overall condition Excellent Good Fair Poor

Diet (explain any special dietary needs): None

Medical history (indicate if you have had any of the following): None

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma or breathing problems | <input type="checkbox"/> Nervous Breakdown | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Excessive Fatigue | <input type="checkbox"/> Seizures | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Incapacitating Headaches | <input type="checkbox"/> Cancer | <input type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Heart Attack | |
| <input type="checkbox"/> Other: _____ | | |

Please explain any item(s) checked and date(s) of occurrence:

Medication: None

Please list all medications (name and dosage) you are currently taking:

Allergies: None

Specify any allergies (to medications, foods, etc.) and describe reactions:

Condition (please indicate any of the following that you cannot tolerate):

- | | | |
|--|--|---|
| <input type="checkbox"/> Rigorous outdoor activity | <input type="checkbox"/> High altitudes | <input type="checkbox"/> High humidity |
| <input type="checkbox"/> Air travel | <input type="checkbox"/> High temperatures | <input type="checkbox"/> Low temperatures |
| <input type="checkbox"/> Other: _____ | | |

Please explain any item(s) checked:

Temperament (indicate which characteristics seem to apply to you):

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> High strung | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Easy going | <input type="checkbox"/> Introspective |
| <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Shy | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Dominant | <input type="checkbox"/> Leader | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Other: _____ | | |

How would you feel about sharing a dormitory with other team members?

EDUCATION

Most recent educational level completed:

Jr. High High School College Masters Ph.D.

Degree earned _____

If you are a student, list grade most recently completed: _____

ABILITIES

Present occupation _____

Name of employer _____

Special training, trade, skill or license _____

Where do you think you can make your greatest contribution to the team's work?

CROSS-CULTURAL EXPERIENCE

Have you ever traveled out of the United States? Yes No

If yes, please list countries: _____

Have you previously participated in a Calvary GO Team? Yes No

If yes, please list destination(s) and date(s): _____

Foreign language(s) and skill level: _____

SPIRITUAL PROFILE

Are you (check all that apply):

- Actively attending Calvary Church
- A member of Calvary Church
- Not involved at a church
- Attending another church: _____

Are you a Christian?

- Yes
- No (indicating "no" does not necessarily limit your involvement on this trip)

If you answered "yes", please briefly share your faith story in the space below:

FINAL AGREEMENT

If selected to be a member of this GO Team, you will be expected to abide by each of these commitments. Please initial each one, acknowledging your agreement:

_____ I understand that Calvary Church will equip me with tools to help find financial support (fundraisers, support letters, etc.). However, prior to my going on the trip, I am responsible for covering any shortfall in my trip finances. Any amount due is ultimately my responsibility.

_____ I understand that contributions (either my own or others on my behalf) are non-refundable in the event that I do not participate in this trip (whether by my choice or that of the church). Funds will be applied toward the trip project costs.

_____ I will be supportive of the leader(s) chosen for this trip and will submit to his/her/their overall leadership.

_____ I will enter this trip with a spirit of flexibility, realizing that a number of our plans will inevitably change while in a cross-cultural setting.

_____ I will attend all GO Team meetings, realizing participation in these meetings is non-negotiable.

_____ I understand that Calvary Church has the right to discontinue my involvement in this trip at its sole discretion.

_____ I will be a team player, placing the needs and objectives of the group above that of my own.

Signed _____

Date _____

Signature of Legal Guardian (if under 18) _____

Date _____

Please return this GO Team Application to the church office or your trip leader. Questions? Contact Jon Olson at the church office (jolson@calvarylg.com).