

We will Go Ministries - Application for Daytime Visitors/Volunteers

This application form must be completed in its entirety per person/team in order to confirm visits at WWG. This information is strictly used by the missionary staff of WWG to process your visit request in addition to praying for you prior to, during, and after your visit and will not be shared. We are excited for you to experience all Jesus has for you during your visit with WWG! **Please mail completed applications to: 799 North Congress Street, Jackson, MS 39202 ATTN: HOSPITALITY MINISTRY OR scan and email to visitus@wewillgo.org**

Volunteer Full Name: _____ **Date of Birth:** ____/____/_____
Date for visit(*Mandatory*): _____ **Time(*Mandatory*):** From _____ to _____
Full Address: _____
Phone Number (Home) _____ (Cell*mandatory*) _____
Email address _____ Male__ Female__ (please tick)
Marital Status: (Single)___ (Married)___ (Divorced)___ (Widowed)___ (please tick)
Emergency contact: (Name): _____ (Relationship): _____
(Address): _____ (Phone) _____

Your Current Church and Church Address:

Please list any medical conditions or allergies, including prescription and non-prescription medications you are taking: _____

For ALL Teams: Name of your team: _____ Leader's Name: _____
PLEASE LIST for ALL TEAM MEMBERS: 1. Name of each team member 2. Date of birth of each team member
3. Contact/cell number 4. Any medical conditions/medications

**** Please attach a separate sheet with list of ALL team members and each member's information ****

In participating within a visit at We Will Go Ministries (WWG), I, _____ (volunteer and/or team leader) hereby agree that I will commit to follow the leading of the Holy Spirit, submitting myself to His leadership and the leadership of WWG staff. I agree to work as a team member; to meet, pray, and fast with my team as well as WWG team members, and to work diligently for the glory of Jesus Christ. I hereby release and hold harmless We Will Go Ministries, the organizer, sponsors, and supervisors from any and all loss, injury or other claims, legal or otherwise. I grant permission to the trip leader(s) to authorize treatment by a physician to perform necessary services if needed in case of an emergency. I agree to be responsible for my own costs, insurance, and expenses. I agree to walk in such a way that brings honor to Jesus in every area of my life, to represent Him in my words, actions, and deeds.

**** We understand that many Believers have different interpretation of Scripture in some areas. However, we ask that while you serve Jesus here at WWG to not use any alcohol, tobacco, illegal drugs, gossip, foul language, or pornography at any time. We try to be a living witness for Christ in our walk at all times. Our neighbors watch what we do as much or more than they listen to what we say. We want others to see the love and power of Christ in our daily walk. WWG is nondenominational; we simply teach and believe the entire Word of God, lead by Holy Spirit each day, serving Jesus with all our hearts, souls, minds, and strength.**

Signed: _____ Signed: _____
Date: _____ Participant Parent / Guardian (if under 21 years of age)

Jesus is worthy of it all!
The WWG hospitality Team

We Will Go Ministries * 799 North Congress Street, Jackson, MS 39202

** Check us out on the web at : www.wewillgo.org *"here am I. LORD send me!" Isaiah 6:8*