

CCWOW MINISTRY TEAM APPLICATION

Please note: the () items will appear on your nametag.**

Name**: _____ Gender: [] Male [] Female

Birth date (mm/dd/yy): _____ Passport #: _____

Occupation**: _____ (Exactly as it appears on your passport)

Address: _____

City**: _____ State**: _____

Zip code: _____ Country **: _____

E-mail: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Fax #: _____

Have you ever traveled with CCWOW? [] NO [] YES

(Date: _____ / Destination: _____)

Are you willing to minister in a way consistent with CCWOW's ministry team guidelines? [] YES [] NO

If attending without spouse, does he or she support your participation? [] YES [] NO

What spiritual gifting mix do you believe God has given you?

Do you have any physical disability? [] YES [] NO. If "YES", please describe it

Please list any physical limitations that may limit your participation and any medications that you are presently taking:

What languages do you communicate in (other than English)?

Name of person to contact in case of emergency: _____

Phone: _____ Address: _____

Medical Insurance Carrier: _____ Policy #: _____

Insurance phone #: _____ (If possible, not toll free number)

How would you describe your temperament?

Do you consider yourself a: [] leader [] follower

Have you ever been treated for any mental or emotional condition? If so, please explain:

Local Church name: _____ Church phone: _____

Church Address: _____

Pastor's name: _____ Pastor's phone: _____

Do you attend church regularly? [] YES [] NO. How long have you attended?

When were you baptized in the Holy Spirit?

In what areas of church life have you served and in what areas are you currently serving?

What Healing prayer ministry training/ Christian ministry training have you had?

In what way are you seeking to share Christ with others now?

Have you ever traveled abroad? [] NO [] YES

(Where/ When: _____)

What experiences do you have working with internationals?

Explain why you would like to participate as a CCWOW Team member?

I have read, understand, and agree with the Application and accompanying information.

Signature: _____ Date: _____

PLEASE SEND THIS COMPLETED FORM TO CCWOW:

1368 Manor Drive. Ebensburg, PA 15931 - USA.

Phone: (814) 525-0611, **Fax:** (814) 472-6093, **E-mail:** ccwow@ccwow.org