

WORLD GOSPEL CHURCH (WGC)

GLOBAL OUTREACH (GO) APPLICATION

(Expand the spaces or attach additional pages if needed. Turn in completed form at the WGC office.)

Date:

Name:

Address:

Phone:

Email:

Emergency contacts (names, phone, and addresses):

WGC Member: Yes No

Regular attendee at WGC: Yes No How long a regular attendee:

Claim WGC as your Home Church Yes No How engaged at WGC:

Sponsoring Organization / Global Worker:

PALM/Pioneers OCI OMS WGM Other _____

Email:

Location of Organization:

State:

Zip code:

Country:

Coordinator or Contact Person:

Address:

Phone:

Email:

Organization Website:

Emergency medical and travel covered:

GO:

Short Term or Fulltime:

Start Date and End Date (if Short Term):

Country:

State/City:

Partner to be ministered to:

Purpose:

Approved by the Sponsor: Yes No Account/Project Number:

Financial support from GO Committee required for you to participate in the GO: Yes No

Total cost:

When funds required by Sponsor:

Payment Mailing Information:

Describe fundraising plans and progress:

Previous GO initiatives in which the Committee provided financial assistance:

Describe reason to participate in this GO:

Write a personal Testimony of your faith in Jesus: