



We Will Go Ministries (WWG) Application for Overnight Visitation

Instructions: One form must be completed in its entirety per person in order to confirm overnight 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 stay. 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 OR scan and email to visitus@wewillgo.org

Jesus is Worth 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 / <https://www.facebook.com/WeWillGoJackson>

Instagram: [wewillgoministries](https://www.instagram.com/wewillgoministries) / Twitter: [@wewillgo](https://twitter.com/wewillgo)

Section I: Basic Information

Full Name: _____ Date of Birth: _____

Requested Dates of Overnight Visit with WWG:

From (Day / Time): _____ To (Day / Time): _____ (Month): _____ (Year): _____

For Teams, Name of your Visiting Team: _____

For Individuals / Families NOT visiting as a part of a team, information regarding any accompanying members:

(Name): _____ (Relation): _____ (Name): _____ (Relation): _____

(Name): _____ (Relation): _____ (Name): _____ (Relation): _____

(Name): _____ (Relation): _____ (Name): _____ (Relation): _____

Full Address: _____

Phone Number (Home): _____ (Cell ***mandatory***): _____ (Other): _____

Email Address: _____ Marital Status (Single):__ (Married):__ (Divorced):__ (Widowed):__

Emergency Contact (Name): _____ (Relationship): _____

(Address): _____ (Phone): _____

Your Current Church: _____ Church Address: _____

Your Current Occupation: _____ Your Current Employer: _____

For Domestic Visitors, Drivers License or ID Information (ID Type): _____

(ID #): _____ (ID State): _____ (Expiration Date): _____

For International Visitors, Name as it appears on your Passport: _____

(Country of Passport): _____ (Passport #): _____

(Passport Expiration Date): _____ (Foreign Languages Spoke): _____

Level of English Fluency (Fluent): _____ (Moderate): _____ (Basic): _____ (None): _____

Is there any specific skill, professional proficiency, or ministry emphasis that you are hoping to integrate during your visit?: _____

Please list any medical conditions or allergies which may effect your stay, including perscription AND non perscription medications you are currently taking: _____

Section II: Visitation Request Information and Testimony Content

Briefly share how you first became acquainted with We Will Go Ministries: _____

Briefly share your desire for coming to serve and participate in an overnight visit at We Will Go Ministries (i.e. What are you looking for Jesus to teach you? What do you hope to contribute?): _____

If you know Jesus as your Savior and Lord, please share your testimony of how Jesus came into your life. Share with us how HE is currently leading you and speaking to you. If you do not know Jesus personally, we would like to hear about your personal faith values. Additionally, please share with us your thoughts on Jesus, including your understanding of who HE is, any potential desire to know Him further, etc.: _____

How can we be praying for you regarding this current season of your life?: _____

In participating within a overnight visit at We Will Go Ministries (WWG), I, _____ 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, either here on WWG properties or outside of these properties. 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)

WWG Use Only: Dates of Visit (From): _____ (To): _____ Housing: _____