Thank you for your interest in the ***On Eagles' Wings*** **Hope Team!**

On Eagles' Wings (OEW) is a dynamic ministry **by and for Native American young people.** This team is about reaching others with the hope of Jesus Christ, and encouraging and equipping them in their walk with Him. Each summer, this team of young warriors travels to Native communities across the U.S. Through sports, music, food, and one-on-one conversations, many Native young people have begun life's most important relationship with Jesus. We are currently accepting applications for this year's OEW Hope Team.

The OEW Hope Team actually begins at **Warrior Leadership Summit (WLS) near St. Louis, MO.** All approved OEW Hope team members are required to attend this conference, along with hundreds of other Native young people from across North America. Right after WLS ends, the OEW Hope Team kicks off for the rest of July. All OEW team members are expected to participate for the duration of all ministry events through July 31st.

If you are interested in applying, please fill out the app online, or download it and mail it to us. You will also need to have the three reference forms filled out (two personal references, plus one from your pastor / youth pastor).

- *If you apply online, we will send you the forms once we receive your application. If you download the application, you will see the reference form included.*
- **We do not send out the reference forms to the people you list. It's up to you to get it to them and they send it back to us.**

Note: Applying for the team does not automatically confirm your acceptance for this year's team. We will review all applications, pray about each application, and make team selections based on a number of criteria. Team members that are selected will be notified as soon as possible upon selection, and will be provided with additional materials and resources to fully prepare for the OEW Hope Team.

If selected, there is **no financial commitment required** on your part to participate with the OEW Hope Team. If you have any questions, please call us toll-free at **1-888-68-ALIVE**. We are praying for you and look forward to hearing from you soon!

Sincerely in Christ,

Nick Liew
Coordinator, On Eagles' Wings

ON EAGLES' WINGS * PO BOX 400 * HARRISON, AR 72602
1-888-68-ALIVE
Website: oneagleswings.com
Email: nick@oneagleswings.com

On Eagles' Wings
OEW Hope Team Application 2026

Please complete this form (type or print legibly). Once form is completed, mail back as soon as possible within the enclosed envelope.

Name (First, Middle, Last): _____

Birthday (Month/Day/Year): _____Tribe/Nation: _____

Address: _____
Street Address/PO Box City State Zip

Phone: (_____) _____ E-mail: _____

What is **your** marital status? □ Single □ Married □ Divorced □ Widowed

Do you have children? □ Yes □No

Name of parent(s)/guardian(s) or spouse: _____

Address: _____
Street Address/PO Box City State Zip

Cell Phone: (_____) _____

Best way to find you on social media? (names / tags / alias): _____

Have you discussed this opportunity with your parents (or spouse)? ☐ YES ☐ NO

What do they think about it? _____

EDUCATION

Mark the last grade in school you completed: High School 9 10 11 12 College 1 2 3 4

Name of School: _____

City and State of School: _____

CHURCH

Church Name: _____ Pastor: _____
Church Address: _____
Street Address/PO Box City State Zip
Church's Denomination: _____

Do you spend time with Jesus on a regular basis? (i.e. read the Bible, pray, etc.?) Yes No
Please explain: _____
_____

Do you regularly spend time with other followers of Jesus to help you grow in your relationship with Him? YES NO

How often do you attend Church or group events: Usually Sometime Never

Please explain how being part of your church has impacted your life: _____
_____
_____
_____

Please describe the difference Jesus is making in your life, including an example of where you've been able to make a difference for Him (in your school, home, church, with friends, etc.):
_____
_____
_____

ON EAGLES' WINGS
Why do you want to be a part of the "On Eagles' Wings" team? _____
_____
_____
_____

How did you first hear about "On Eagles' Wings"? _____
_____
_____
_____

Who do you know that has been a part of the “On Eagles’ Wings” team? _____

_____

_____

_____

GETTING TO KNOW YOU

People who know me say that I am (funny, smart, serious, a good listener, a leader, etc.)

_____

_____

Please share some of your talents and abilities (music, sports, drama, technical, etc.) _____

_____

_____

_____

Do you have any physical limitations? If yes, please explain.

_____

_____

_____

If selected for the OEW team, are you willing to respect the authority of the OEW leadership during the month, and abstain from any activity deemed inappropriate by them? YES NO
If no, please explain: _____

_____

Do you have any food allergies / restrictions? YES NO

If yes, please explain: _____

Do you have any pre-existing medical conditions that could affect your involvement in a month-long ministry trip? If so, we'll need your physician's approval (use enclosed form). _____

_____

_____

_____

Are you currently taking any medications prescribed by a licensed doctor? If yes, list medications and name of doctor. _____

_____

Are you currently using any of the following?

Cigarettes / Vaping	YE	N
Any other forms of tobacco	S	O
	YE	N
	S	O

Alcohol	YES	NO
Illegal Drugs	YES	NO

Is there anything else you would like to share with us about yourself? _____

_____

_____

_____

_____

“The Story Only You Can Tell”

(Use another page if you need more room.)

Do you have a personal relationship with Jesus Christ? _____

BEFORE CHRIST: Please write a brief description of your life before you began your relationship with Jesus Christ. _____

THE TURNING POINT: How and why did you begin your relationship with Jesus Christ?

AFTER CHRIST ENTERED YOUR LIFE: Please describe the difference that Jesus has made and is making in your life. _____

REFERENCES:

List the names and addresses of the three people who you are asking to be a reference (one reference form must be completed by your Pastor or group leader who teaches you about Jesus). **Here's how to handle reference - *you give it to the person, and they send it directly to nick@oneagleswings.com.***

We do not send out the reference forms to the people you list. It's up to you to get it to them.

1. Pastor or Group Leader

Name: _____

Address: _____

City: _____State: _____Zip: _____

Phone: (____) _____E-mail: _____

2. Other

Name: _____

Address: _____

City: _____State: _____Zip: _____

Phone: (____) _____E-mail: _____

3. Other

Name: _____

Address: _____

City: _____State: _____Zip: _____

Phone: (____) _____E-mail: _____

Permission to Obtain a Background Check

(This form authorizes Hutchcraft Ministries, Inc. to obtain background information and must be completed by the applicant. Hutchcraft Ministries, Inc. must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize **Hutchcraft Ministries, Inc.** through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Hutchcraft Ministries, Inc**., if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____Date: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Social Security Number: _____Daytime Telephone Number: _____

Driver's License Number: _____State Issuance: _____Date of Birth: _____Gender: ___

ON EAGLES' WINGS®
Warrior Leadership Summit PARENT/

LEGAL GUARDIAN PERMISSION FORM

I give permission for _____to participate in the 2026 "On Eagles' Wings®" *Warrior Leadership Summit,* and if selected, the 2026 OEW Hope team.

I state that there is accident and health insurance coverage and/or I.H.S. paperwork and/or card carried by my son/daughter.

I further agree that Hutchcraft Ministries, Inc. and/or On Eagles' Wings®, its employees or any other assigned representative, reserve the right to terminate the participation of my son/daughter for failure to behave accordingly, follow the instructions and direction of trip leaders and/or chaperones, or any acts of conduct deemed to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the trip as a whole.

Team Member's name: _____
(please print)

Parent/Legal Guardian name: _____
(please print)

Parent/Legal Guardian signature: _____Date: _____
(please sign)

Witness to Signature: _____
(please print)

Witness to Signature: _____Date: _____
(please sign)

Hutchcraft Ministries Inc./On Eagles' Wings® * P.O. Box 400 * Harrison, AR 72602

1-888-682-5483 * **info@oneagleswings.com**