



**APPLICATION TO TEAM**  
**SOUTHSIDE VIRGINIA WALK TO EMMAUS**  
 (Please PRINT LEGIBLY or TYPE)



First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Name for Name tag \_\_\_\_\_

Best Phone # to Call: \_\_\_\_\_  Home  Cell  Work

Gender:  M /  F Age: \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Marital Status:  married  single  divorced  widowed Spouse's name \_\_\_\_\_

Ordained/Licensed Minister:  Yes /  No

You Walk/Flight # and Community \_\_\_\_\_

Church you attend: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name \_\_\_\_\_ e-mail and/or Phone # \_\_\_\_\_

Church organizations/activities participating in: \_\_\_\_\_

List any musical instruments you play (Bring with you.): \_\_\_\_\_

**PHYSICAL/MEDICAL NEEDS**

List any physical handicaps/limitations that may affect your participation in the weekend:

wheelchair  walker  other device (specify)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dietary needs: \_\_\_\_\_

Food allergies: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

# **SERVANTHOOD HISTORY**

Please provide the following information regarding your previous (if any) Teaming:

<b>Positions Served</b>	<b># of times</b>	<b>Talks Given</b>	<b># of times</b>
Walk Lay Director		#1 Priority	
Walk Assistant Lay Director		#2 Prevenient Grace	
Walk Spiritual Director		#3 Priesthood of all Believers	
Walk Assistant Spiritual Director		#4 Justifying Grace	
Table Leader		#5 Life of Piety	
Assistant Table Leader		#6 Growth Thru Study	
Music Director		#7 Means of Grace	
Music Team		#8 Christian Action	
Prayer Warrior		#9 Obstacles to Grace	
Talk Room Servant/Food Cha		#10 Discipleship	
A/V Specialist		#11 Changing Our World	
Transportation/Logistics		#12 Sanctifying Grace	
BTS Lead		#13 Body of Christ	
BTS Team		#14 Perseverance	
Speaker Escort		#15 Fourth Day	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form serves as an application only. Since there may be a waiting list, notification of your acceptance for a weekend will be made by phone and email or mail.

Team members are responsible for their portion of the room and board. The Team Fee is due by the first Team Meeting. If you are unable to fulfill this obligation, please contact the Weekend Lay Director or Community Lay Director. Please acknowledge and agree to this statement.

I acknowledge and agree \_\_\_\_\_ / \_\_\_\_\_  
(Signature of Applicant) (Date)

**Please Mail To:**

Jenn Miller  
 11628 S. Constitution Rte.  
 Scottsville, VA 24590

**Or Email To:**

miller52003@gmail.com