# 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: E-mail

Phone:

SERVANTHOOD HISTORY

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Positions Served** | **# of**  **times** | **Talks Given** | **# of**  **times** |
| 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 of $250 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:** Southside Virginia Emmaus

P.O. Box 113

Farmville, VA. 23901

**Or Email To:**

miller52003@gmail.com