

## Crossroads of Eastern Pennsylvania Walk to Emmaus Team Application

Name: \_\_\_\_\_ Name that you prefer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Walk # you attended: \_\_\_\_\_ Home: Church: \_\_\_\_\_

Gathering: \_\_\_\_\_ Have you attended a 4<sup>th</sup> day workshop? **Yes No**

If yes when? \_\_\_\_\_

What team are you applying for? **Spring Fall Year** \_\_\_\_\_ (please choose only 1)

(Weekend dates can be found on the Community's Website: [www.crossroadsemmauspa.org](http://www.crossroadsemmauspa.org))

Have you ever served on team before? **Yes No** Which Teams? **Emmaus Chrysalis Both**

If yes list team numbers have you served on: \_\_\_\_\_

If yes please circle any positions you have held:

Lay Director	Assistant Lay Director	Outside Team Leader	Outside Team	Table Leader	Assistant Table Leader
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Have you given a talk before? **Yes No**

If yes please circle any talks that you have given in the past:

Priority	Priesthood of All Believers	Piety	Growth Through Study	Christian Action
Discipleship	Changing our World	Body of Christ	Perseverance	4 <sup>th</sup> day

In what ways do you support the community? Please circle below

Agape	Gathering	Candlelight	Closing	Outside Support Servant	Prayer Vigil	Other:
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Where do you worship? \_\_\_\_\_

Are you a member of a Christ Centered small group? **Yes No**

Do you lead singing? **Yes No** Do you play an instrument? **Yes No** If yes what? \_\_\_\_\_ Are you

able to make all team meetings? **Yes No** (See next page for schedule)

Do you need a lower bunk? **Yes No** Do you need a bunk near an electrical outlet? **Yes No**

\* Please list any disabilities that would hinder you from performing a particular job on team:

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\*Please list any health concerns or allergies that the leadership team should be aware of:

\*Please list any dietary concerns:

\*Please list any medications and times:

\*all medical questions are held in strict confidence and are used to assist the team for any special dietary concerns or for emergency use

Emergency Contact information:

Name:	Home #:	Cell #:	Work #:	Relationship:
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I understand that each applicant and each team position are prayerfully considered, and I will cheerfully serve in any position that is asked of me.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Team members are expected to contribute to the cost of the weekend. **The team fee is \$200.** If the team fee creates a financial hardship, please contact team leadership for assistance.

**DO NOT SEND FEE WITH APPLICATION.** The team fee will be collected at team meetings.

***Team meeting dates will be announced by the walk lay Director.***

Send or email completed applications to: (Email preferred if possible)

Matt Greener - Pre-Emmaus Chair

33 South York Road, APT.2a Hatboro PA 19040

(215) 620-0343

Email : [teamapps.crossroadswalk2emmaus@gmail.com](mailto:teamapps.crossroadswalk2emmaus@gmail.com)

Additional applications and information are available online at [www.crossroadsemmaus.org](http://www.crossroadsemmaus.org)

Or by sending an email to Matt Greener at

[teamapps.crossroadswalk2emmaus@gmail.com](mailto:teamapps.crossroadswalk2emmaus@gmail.com)