

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 4th 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)

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 th 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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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:

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 \$150. 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 are scheduled as follows:

Fall- 3rd Saturday in June, July, August and September

Spring- 2nd Saturday in January, February, March, April (Snow makeup is Last Saturday in March (Consideration is given for Easter)

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

Matt Greener -Pre- Emmaus Chair

56 Border Rock Rd Levittown Pa, 19057

(215) 620-0343

Email : teamapps.crossroadswalk2emmaus@gmail.com

Additional applications and information are available online at www.crossroadsemmaus.org

Or by sending an email to Matt Greener at

teamapps.crossroadswalk2emmaus@gmail.com