



WALK TO
EMMAUS
THE UPPER ROOM®

Coastal Bend Emmaus Community

LAY TEAM SERVICE FORM

This form is effective January 1, 2017 for all lay persons applying to service on an Emmaus Team.

This is a renewal or update of my information already on file.

INFORMATION:

Name: _____ Gender: Male Female

Address: _____ City/State/Zip: _____

Telephone: Home: () _____ Work: () _____ Cell: () _____

Email: _____

I was a pilgrim/butterfly on: Emmaus Walk # _____ Chrysalis Flight/Journey # _____

Birth Date (optional): _____/_____/_____ Smoker (optional)

CHURCH/FOURTH DAY GROUP INFORMATION:

Emmaus is for the development of Christian leaders. A current and active member in Christian congregations is necessary to the fulfillment of this purpose. The Local Community Board exists to provide leadership opportunities through the hosting and support of Emmaus events.

Church Home: _____ Denomination: _____

Are you active in your Local Emmaus Gatherings? Yes No

Name of Emmaus Community or Fourth Day Group _____

Reunion/Accountability Group Information

Are you active in a weekly Reunion Group? Yes No Reunion Group: _____

APPLICATION INFORMATION:

I would like to serve on a team for: Outside Support Music Conference Room

I am willing to travel more than 100 miles for team meetings and the Walk Yes No

How Far: _____

Please place me on track to eventually serve as a Walk Lay Director.

Music Team Applicants: Singer and/or Instrument (s): _____

*Medical Professional only: Occupation and Title: _____

The Team Selection Committee is charged with maintaining a balance of experience on each Emmaus Team. Please fill out as completely as possible.

<input type="checkbox"/>	Emmaus	Number _____	Position: _____
<input type="checkbox"/>	Chrysalis	Date _____	Talk Given: _____
<input type="checkbox"/>	Kairos	Location _____	Lay Director: _____

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<input type="checkbox"/>	Chrysalis	Date _____	Talk Given: _____
<input type="checkbox"/>	Kairos	Location _____	Lay Director: _____

RECOMMENDATIONS:

As the Lay Director of the applicant's community, I recommend this applicant to serve on an Emmaus Team.
Signed: _____ Date: _____

As the Pastor or Spiritual Director of this applicant, I recommend this applicant to serve on an Emmaus Team.
Signed: _____ Date: _____

If accepted to serve as a TEAM MEMBER, I commit to attending all Team Meetings and to be present for the entire weekend, including closing. I also agree, in the spirit of love and obedience, to follow the guidelines for Team Service as outlined in the Team Manual and as directed by the Upper Room Ministries and Coastal Bend Emmaus Community Board.

Signed: _____ Date: _____

NOTE: Applications are kept for three years. Please submit a new form after that date if you wish to remain listed on the Team Selection Database. Please update your information after serving on a team.

*Submit this form to Coastal Bend Emmaus Community Team Selection Committee at
P.O. Box 273, Corpus Christi, TX 78403*