

# TEAM APPLICATION

(please print)



Name \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Church \_\_\_\_\_  
 Walk # \_\_\_\_\_ Year of Walk \_\_\_\_\_  
 @Community / Movement \_\_\_\_\_

Are you a member of the Clergy? Yes \_\_\_ No \_\_\_

If you have worked in the Conference room during any previous Walk in *any* community, please indicate the number of times you have served in each capacity.

	NUMBER OF TIMES	WANT TO SERVE
Lay Director	_____	_____
Asst. Lay Director	_____	_____
Table Leader	_____	_____
Asst. Table Leader	_____	_____
Spiritual Director	_____	_____
Asst Spiritual Director	_____	_____
Observing Lay Director	_____	_____
Board Representative	_____	_____

Please mark which talks you have **ALREADY** given.

	NUMBER OF TIMES
Priority	_____
Priesthood of All Believers	_____
Life in Piety	_____
Growth through Study	_____
Christian Action	_____
Discipleship	_____
Changing Our World	_____
Body of Christ	_____
Perseverance	_____
Fourth Day	_____
Prevenient Grace	_____
Justifying Grace	_____
Means of Grace	_____
Obstacles to Grace	_____
Sanctifying Grace	_____

Would you be willing to give a talk if asked?  
 (Please circle) YES NO

If you have served in a servant position during any previous Walk in *any* community, please indicate the number of times in each capacity. If you would like to serve, please indicate by placing an X by the desired activity's "want to serve" column.

	NUMBER OF TIMES	WANT TO SERVE
Kitchen Servant	_____	_____
Agape Servant	_____	_____
Music Servant	_____	_____
Room Servant	_____	_____
Chapel Servant	_____	_____
Support Coordinator Observing SC	_____	_____

Are you currently CPR certified, RN, MD, or other health care professional? Please describe: \_\_\_\_\_

Applying to work: (please circle one)

Men's Spring Walk March 18-21, 2010	Women's Spring Walk March 25-28, 2010
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Men's Fall Walk Sept 23-26, 2010	Women's Fall Walk Sept-Oct 1-3, 2010
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I understand the Weekend Lay Director and the Team Selection Committee will select the team members in accordance with the guidelines in the Walk to Emmaus Handbook. I understand that attendance at team meetings is required. I understand the weekend fee of \$150 will be due by the last team meeting date.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail to:  
 GFWTE – TEAM SELECTION  
 PO Box 6229  
 Gainesville, GA 30504