

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 April 3-6, 2008 | Women's Spring Walk April 10-13, 2008 |
| Men's Fall Walk September 25-28, 2008 | Women's Fall Walk October 2-5, 2008 |

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 the weekend fee of \$150 is due by the last team meeting date."

Signature _____

Date _____

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

(Rev. 11/6/07)