

Valley Emmaus Face to Face Team Application



Application Date: _____ Laity: _____ Clergy: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Date of Birth: _____ Gender: Male: _____ Female: _____

Occupation: _____ Church You Currently Attend: _____

Original Walk/Flight/Encounter Location & #: _____ Year: _____

Reunion Group: _____ Married: Yes: _____ No: _____

If Married, Spouse's Name: _____

Which Retreat to Work: Men's Walk: _____ Women's Walk: _____ Face to Face: _____

Abilities & Interest:

Can Sing: _____ Can Lead Singing: _____ Play Guitar: _____ Play Piano: _____ Computer skilled: _____

Other: _____ Please describe Other: _____

If you have served in a servant position during any previous Walk/Encounter in ANY community, please indicate the number of times in each capacity:

LD: _____ Walk # as LD: _____ ALD/Coach: _____ SD: _____ ASD: _____ TL: _____ ATL: _____

Music Leader: _____ Board Rep: _____ Music Asst.: _____ Floater: _____

Outside Team: Agape: _____ Kitchen: _____ Prayer: _____ Facilities: _____

Please indicate which talks you have already given by entering **the number of times** you have given that talk.

Priority: _____ Prevenient Grace: _____ Priesthood of all Believers: _____ Justifying Grace: _____ Life in Piety: _____

Growth thru Study: _____ Means of Grace: _____ Christian Action: _____ Obstacles to Grace: _____

Discipleship: _____ Changing our World: _____ Sanctifying Grace: _____ Body of Christ: _____

Coping in Tough Times: _____ Perseverance: _____ Fourth Day: _____ Perseverance in the Next Day: _____

Dietary Restrictions: _____

Medical Conditions or special needs we need to know about: _____

Please return this form to the Agape Leader with your \$75 Team Fee