



APPLICATION FOR WALK/FLIGHT LAY DIRECTOR

I AM APPLYING FOR THE FOLLOWING: Emmaus Chrysalis

INFORMATION:

Name: _____ Gender: Male Female

Address: _____ Phone: H: _____ W: _____

City/State/Zip: _____ Cell: _____

Church Home: _____ Email: _____

I was a Pilgrim/Butterfly on: Emmaus/Chrysalis Walk/Flight # _____ in _____ Community

CHURCH / FOURTH DAY GROUP / REUNION GROUP INFORMATION:

Do you attend Church regularly? yes no Church name: _____

Address/City/St/Zip: _____

Denomination/Tradition: _____ Phone: _____

Pastor's Name: _____ Pastor's Signature: _____

Are you active in your Local Fourth Day Community? yes no

How many Community or Walk/Flight services have you attended in the last year?

Gatherings Sponsor's Hour Candlelight Closing

Are you active in a Weekly Reunion Group? yes no

Group Name: _____ Meeting Time/Location: _____

Please list your leadership qualities and experiences: _____

REFERENCES:

| Name | Phone | Email |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

TEAM EXPERIENCE ON EMMAUS/CHRYSALIS/JOURNEY.

Please fill out as completely as possible. The event Lay Director’s experience should include serving on Emmaus weekends in the background and on the team in a variety of positions as outlined in the Upper Room Manuals. This team involvement will include serving as an experienced Assistant Lay Director, a New Assistant Lay Director, a Table Leader and an Assistant Table Leader. He/She should evidence a spiritual maturity and be actively involved in his/her local church and a Reunion Group. The Lay Director for the three days must commit to leading the Walk/Flight according to The Upper Room Emmaus model and under the authority of the Community Board.

| Event | Date/Location | Role |
|---------------------|---|---|
| Emmaus Chrysalis | Number: _____ Date: _____ Location: _____ | Position: _____ Talk Given: _____ Lay Director: _____ |
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MEDICAL PERSONNEL ONLY: Occupation _____

If accepted to serve as a Walk/Flight/Journey/Encounter Lay Director, I commit to follow the Upper Room model and to abide by the policies and procedures set forth by the local Emmaus Fourth Day Community Board.

Applicant’s Signature: _____ Date: _____

RETURN THIS FORM TO:
Valley Emmaus, P O Box 580640, Harlingen, Texas 78550
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