

EMMAUS of the ALBEMARLE, INC., Application to SERVE as a TEAM Member on Walk # \_\_\_\_\_  
Spring \_\_\_\_\_ Due by December 1 Fall \_\_\_\_\_ Due by July 1  
Please use white paper, *print legibly*, use black ink pen, and answer ALL questions.

Print your full name \_\_\_\_\_

Prefer Name Tag to read \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

STREET OR PO BOX # \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Home Telephone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_ Divorced

Name of your Church: \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**\*REQUIRED\***

*\*Pastor's signature:* \_\_\_\_\_

Printed Name \_\_\_\_\_ telephone# \_\_\_\_\_

*\*This is required! Application must have your pastor's signature and phone number. If your church is currently without a Pastor, please have the Church's Lay Leader, Deacon, etc., sign with their position and phone number.\**

Your original walk # \_\_\_\_\_ When did you attend the *Mandatory DODU*? \_\_\_\_\_

Are you in a Reunion Group? \_\_\_ No \_\_\_ Yes Which one? \_\_\_\_\_

List dietary needs so we can notify the staff for meals (vegetarian, diabetic, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

List any physical limitations: \_\_\_\_\_  
\_\_\_\_\_

**TEAMING RESPONSIBILITIES:** This application is a commitment to serve God. You will be expected to attend six (6) team meetings. Prior to committing to team, advise the weekend Lay Director if there is a reason you cannot attend ALL meetings. Team members are responsible for their portion of the room and board for the walk weekend. The current team fee is \$300.00 and is collected no later than the SECOND TEAM MEETING. If there is difficulty meeting this obligation, please contact the Lay Director of the weekend prior to the start date of the first team meeting.

By my signature below I hereby give Emmaus of the Albemarle, Inc. permission to seek appropriate medical attention for me in the event of an accident, illness or injury during the Emmaus Weekend. I will be responsible for any and all costs associated with any medical treatment provided.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application to:

Emmaus of the Albemarle, Inc.  
Team Selection PO Box 1700  
Kitty Hawk, NC 27949

Incomplete or illegible applications cannot be processed

**PREVIOUS TEAM EXPERIENCE**

**EMMAUS OF THE ALBEMARLE, INC**

**Please list your previous team experiences including jobs, talks, and readings. Identify by walk number.**

**IS THIS YOUR FIRST TIME TO TEAM? \_\_\_\_\_**

JOB POSITION	On which walks	TALKS & READINGS	On which walks
ASSISTANT TABLE LEADER		PRIORITIES	
TABLE LEADER		PRIESTHOOD OF BELIEVERS	
SPEAKER SUPPORT		LIFE OF PIETY	
TALK ROOM		GROW THROUGH STUDY	
DINING ROOM		CHRISTIAN ACTION	
KITCHEN		DISCIPLESHIP	
CHAPEL		CHANGING OUR WORLD	
AGAPE		BODY OF CHRIST	
FLOATER		PERSEVERANCE	
MUSIC		FOURTH DAY	
ASSISTANT HEAD SERVANT		PSALM 34 (PG 13)	
HEAD SERVANT		COLOSSIANS 3:1-14	
ASSISTANT LAY DIRECTOR		DEATH TO LIFE (PG 10)	
LAY DIRECTOR		PSALM 30 (PG 13)	
SPIRITUAL DIRECTOR		JOSHUA 24:14-15	
ASSISTANT SPIRITUAL DIRECTOR		MATTHEW 22:34-30	
PAST LAY DIRECTOR		GREATEST COMMANDMENT (PG 8)	
BOARD REPRESENTATIVE		WARM FUZZY STORY	
		EXPLAIN I AM	
		ECCLESIASTES 3:1-15	
		TIME FOR GOD (PG 9)	
		LORD, I HAVE TIME	
		EXPLAIN CLOTHESPIN AGAGE	
		PLEASE HEAR WHAT I'M NOT SAYING	
		PSALM 100	
		PSALM 23	
		PRAYER OF ST FRANCIS (PG 5)	
		WHO ME?	

**For Administrative use only:**

**Date Completed Application Received \_\_\_\_\_**

**Date Applicant Contacted to Team: \_\_\_\_\_ Accepted \_\_\_\_\_ Declined \_\_\_\_\_**

**Date Team Fees Received: \_\_\_\_\_ Amount \$ \_\_\_\_\_**