

High Desert Emmaus West Team Application Form

Please type or print legibly.

Name: _____ Email Address: _____

Address: _____
Street City State Zip Code

Telephone Number(s): (H) _____ (W) _____ (C) _____

Church: _____ Your Walk # or Location/Date: _____

Previous Walk to Emmaus Experience (check all that apply)

Note: If experience was not Walk to Emmaus but was with Chrysalis, Epiphany, etc., please state that

Lay Director	Table Leader	Head Agape
Inside Assistant	Asst Table Leader	Agape Team
Outside Assistant	Head Cook	Head Musician
Spiritual Director	Asst Head Cook	Musician Team
Clergy Team	Cook Team	Angel Team
		Board Representative

Previous Talks that you have given (check all that apply):

Priorities	Growth through Study	Changing our World
Prevenient Grace	Means of Grace	Sanctifying Grace
Priesthood of all Believers	Christian Action	Body of Christ
Justifying Grace	Obstacles to Grace	Perseverance
Life in Piety	Discipleship	Fourth Day

Please tell us about yourself:

I can play musical instruments? Yes No If yes, please list: _____

I teach or have taught: Youth Adults Bible Subjects Other (please list) _____

I have CPR/First Aid certification? Yes No If yes, state which and expiration date: _____

I am a practicing: Doctor Nurse Paramedic Other (please list) _____

Allergies or special dietary needs (please list): _____

Emergency Contact Name	Relationship	Address	Phone
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Covenant to Serve:

This application signifies my covenantal commitment to the Walk to Emmaus Board, Team and Community to:

- Serve at each of the 4 team meetings
- Serve the entire weekend of the Walk
- Serve through financial commitment of the \$200.00 team fee
(if necessary, contact Lay Director or Board treasurer to request scholarship assistance) I

commit my time, talent, gifts, and service in the name of my Lord, Jesus Christ.

Signature

Date

Please include a \$100.00 non-refundable deposit with this form to:

High Desert Emmaus West - P.O. Box 6946, Lancaster CA 93539-6946, Attn: Registrar

Form Date: 01-30-2024 Rev -