

Revised 6/2024



## **Team Application Request**

Name					Date c	or weekend to	Serve			
Address										
Phone (Cell)	)	(Home)		(W	/ork)	(Emai	1)			
Church					Group	ing Day & Tim	ie			
Previous Tea	am Experie	nce: Total Nu	mber Wee	kends Se	rved	_ Talks Deli	vered			
Your pilgrim	weekend: E	mmaus/Chry	/salis				_ Other			
					Please lis					
<u>Positions</u>	<u>Emmaus</u>	Chrysalis	Other	Total	<u>Talks</u>	Emmaus	<u>Chrysalis</u>	Other	<u>Total</u>	
Served					Delivered					
Head Cook										
Asst Cook										
Co- Action										
Action										
Head Agape										
Agape										
Prayer Vigil										
Prayer Chpl										
Head Music										
Music										
Lay Director										
Asst Lay Dir										
Table Leader										
Asst Tble Ldr										
Spiritual Dir										
Asst.Spirit Dir										
Nurse/Medic										
					TOTAL					
TOTAL					TOTAL					
Please list an	y position yo	ou <u>cannot</u> fill.								
What do you h	nope to gain	bv serving th	ne weeker	nd?						
•	. 0	, ,								
Smoker? Ye	es No S	Special Needs	/Diet:							
Emergency Point of Contact: Phone Number										
						_				
Signature						Date				
orginature						Date				
My signature	indicator :	my commitm	ont to off	and taa	mootings s	anort and uni	ift the team -	nd nilasi-	mel	
					meetings, sup ted to the Lo					
commitment			iai a neai	COMMI	to the LO	an I am bich	arou to mak	o a milant	/1M1	
Return to Ass		– irector of Walk	<b>r</b>							