



# Team Service Application

## **Team Service Application Guidelines**

One of the great joys of Emmaus is serving on team and giving back to others the blessings you received on your walk. Just like Abraham, you are "blessed to be a blessing" and we want to provide you the opportunity to serve.

Please consider the following guidelines:

- If you have already thought and prayed about working on the next Walk, please fill out the form.
- Prior service is not required. The team selection committee follows the 1/3 Guideline. (1/3 first time workers, 1/3 semi-experienced, and 1/3 experienced). Team selection must also balance the team by church and denomination. Because of these guidelines submitting an application does not always mean you will be selected to serve.
- Filling out an application is only good for the next walk. You need to fill out an application before each walk on which you wish to work.  
**Applications will not carry over to the next walk.**
- Filling out an application helps the team selection committee decide who is available to serve and cuts down on unnecessary phone calls.
- Prayerfully consider passing on the blessing and serve on team!



# Team Service Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Cell \_\_\_\_\_ Occupation: \_\_\_\_\_

Walk you went on (Community and #) \_\_\_\_\_

What Church do you attend? \_\_\_\_\_

Please check in what ways are you active in the Columbus Emmaus Community:

- Part of a Reunion Group
- Attend Gatherings
- Participate in 72 hr. Prayer Vigil
- Sponsorship
- Attend Candlelight
- Other (please list) \_\_\_\_\_

Please check what areas you have served as a Team Member:

- Lay Director
- Table Leader
- Music Team
- Asst. Lay Director
- Asst. Table Leader
- Agape Team
- Spiritual Director
- Board Rep
- Asst. Spiritual Director
- Kitchen Team

Please List any Emmaus Talks you have given:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any health concerns or special dietary needs you may have:

\_\_\_\_\_

\_\_\_\_\_

Please consider me for the:  Fall Walk  Spring Walk

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form to: Columbus Indiana Area Emmaus Community - Team Selection  
P.O. Box 2184  
Columbus, IN 47202

Email (as attachments) to: [teamselection@columbusareaemmaus.community](mailto:teamselection@columbusareaemmaus.community)