



TEAM VOLUNTEER APPLICATION FORM 2019



I WOULD LIKE TO BE A SERVANT ON THIS YEARS EMMAUS WALK	DATES	TICK
Men's Emmaus Walk #75 – SOUTHERN WALK ELLA COMBRINK	19 – 22 SEPTEMBER 2019	
Ladies' Emmaus Walk #76 – SOUTHERN WALK ELLA COMBRINK	26 – 29 SEPTEMBER 2019	
Orientation Day – Venue to be advised	20 JULY 2019	
Weekend Training – ELLA COMBRINK	2 – 4 AUGUST 2019	

Please send your completed form to The Team Selection Board Member E-mail: teamselection@emmauslourie.co.za and registrar@emmauslourie.co.za (Please send to both email contacts)

TO BE COMPLETED BY THE APPLICANT					
Preferred Name & Surname:			ID No.:		
Email address					
Home Tel No		Cell No		Facebook	Yes No
Date of birth				Gender	M F
Postal Address				Age	
Postal Address					
Marital Status		Medical Aid:		Medical Aid No.	
Church attended					
Briefly state your current church involvement & ministry areas					
Please specify any conditions that might affect your Emmaus Walk i.e. health concerns, handicaps, medication or dietary requirements etc					
Signature of applicant				Date	

Emmaus or any associated organization does not take any responsibility for any loss or injury during the weekend

INDICATE HOW MANY TIMES YOU HAVE SERVED ON TEAM IN THE FOLLOWING CAPACITY					
It is very important for the Team Selection Committee to know how many times you have served on Team in the following capacity:					
Support Team		Prayer Chapel		Support Team Coordinator	
Music Team		Board Rep			
Assistant Table Leader		Assistant Lay Director			
Table Leader		Lay Director			

TEAM FORMATION (TRAINING DATES) FOR ALL WALKS WILL BE ON: (VENUES TO BE ADVISED):	
I commit to attend all training dates below and will accept and be obedient to the authority and discipline under which I serve:	
Orientation: 20 JULY 2019	TBA
Training weekend: 2 – 4 AUGUST 2019	ELLA COMBRINK

PLEASE INDICATE WHAT MUSICAL INSTRUMENTS YOU PLAY	
I do sing	I play the following instruments

TO BE COMPLETED BY THE MINISTER, PASTOR OR PRIEST			
I declare that the applicant is a member in good standing of my church and is aware of the commitment required to serve on an Emmaus team and support his/her application.			
Full Name		Church	
Email address		Tel No.	
Signature		Date	

It is essential to get your minister to approve and sign. No forms will be accepted without this



**TEAM VOLUNTEER APPLICATION
FORM 2019**



DECLARATION TO SERVE ON AN EMMAUS TEAM

I hereby volunteer in the relevant servant capacity that Team Selection Committee prayerfully consider placing me.

I will attend all the Team formations and meetings as indicated above.

I am aware that my attendance at these events is necessary and secures me as part of the Team, with my arrival at Ella Combrink on the Emmaus weekend starting on the Thursday at 08:30 and will finish on Sunday at 17:00 with packing up.

I commit to attend the "Post Walk Reunion"

I commit to participate in prayer for the pilgrims and team members serving on the Emmaus weekend.

I will accept and be obedient to the authority and discipline under which I serve.

I am not aware of any spiritual or moral issue in my life that will prevent me from being a faithful witness of Jesus Christ whilst serving on Emmaus.

I will pay the required fee into the given bank account with my first name and Surname as reference. Note: 50% of team fees are to be paid by training weekend and the outstanding balance no later than the Monday before the walk. If your team fees are not paid by this time, you will be asked to step down from the walk.

MY EMMAUS / ALARGA / CHRYSALIS HISTORY IS AS FOLLOWS:

Please indicate your Emmaus/Alarga/chrysalis history for info/database update:

Pilgrim Walk Number:

Previous talk/s given:

PRACTICAL STEPS TO FOLLOW ONCE FORM HAS BEEN COMPLETED:

Make sure that application is FULLY COMPLETED AND SIGNED

Make sure that your Minister/Pastor has completed the declaration and signed your application form.

Make sure your completed and signed form is faxed/emailed to the Team Selection Committee as below.

TO BE SIGNED BY APPLICANT

Full Name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

COST OF THE WEEKEND	FOR MORE INFORMATION, CONTACT
----------------------------	--------------------------------------

<p>The Emmaus Walk fees for 2019: R1 050</p> <p>Payment can be made by deposit/EFT into the following bank account:</p> <p>Lourie Emmaus Community Standard Bank, Nelspruit Account No.: 33-067-458-7 Branch code: 052-852 Reference: Name and surname & Walk No.</p>	<p><u>Community Lay Director</u> Beulah Beck Cell: 082 446 1500 Email: barberton@coastalhire.co.za</p> <p><u>Team Selection Committee</u> Joanne Holmwood Cell: 082 787 4190</p>
--	--

TEAM SELECTION COMMITTEE USE ONLY:

Walk Number:	<input type="text"/>
Servants Capacity Allocated:	<input type="text"/>
Talk Given where applicable:	<input type="text"/>
Copy of Id received:	<input type="text"/>