



**TEAM VOLUNTEER APPLICATION
FORM SEPTEMBER 2024**



I WOULD LIKE TO BE A SERVANT ON THIS YEARS EMMAUS WALK	DATES	TICK
Men's Emmaus Walk #82– SOUTHERN WALK ELLA COMBRINK	5-8 September 2024	
Ladies' Emmaus Walk #83– SOUTHERN WALK ELLA COMBRINK	12-15 September 2024	
Orientation Day	8 June 2024	
Team Formation #1	20 July 2024	
Weekend Training – ELLA COMBRINK (one night stay over)	17 & 18 August 2024	

Please send your completed form to The Team Selection Board Member E-mail: registrar@lourie.emsa.org.za & cc cld@lourie.emsa.org.za; ald.emmaus@lourie.emsa.org.za (Please send to all contact e-mails

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
Physical Address				Age	
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: Ella Combrink:	
I commit to attend all training dates below and will accept and be obedient to the authority and discipline under which I serve:	
Orientation: 8 June 2024	Training Day: 20 July 2024
Training weekend: 17&18 August 2024	Venue: 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



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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 as well as the "Post Walk Reunion" in October.
 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 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/Face to Face/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/mailed to the Team Selection Committee as below.

TO BE SIGNED BY APPLICANT

Full Name:			
Signature:		Date	

POPI Act:
 As per the POPI act we require all Team Member's permission to send him/her community information and other communications. Our newsletter is not compulsory but would benefit you as it contains information about Emmaus events and prayer requests. Emmaus declares that your information will not be distributed or used outside the Emmaus Ministries environment. Hereby, I agree, that my information as registered can be used by Emmaus Ministries for the purpose of Emmaus communication and use.

Name: _____ Signature: _____ Date: _____

COST OF THE WEEKEND	FOR MORE INFORMATION, CONTACT
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The Emmaus Walk fees for 2024: R1450
This is for Training Weekend as well as Walk Weekend
Please note: if you know you are going to walk, you can start paying monthly if you wish, and put your surname and Walk No as reference.
 Payment can be made by deposit/EFT into the following bank account:
 Lourie Emmaus Community
 First National Bank, Riverside, Nelspruit
 Account No.: 6284 2788 731
 Branch code: 256 405
 Reference: Initial, Surname, Walk No & T (J Smit W83T).

Community Lay Director
 Val Nel
 Cell: 082 8033711
 Email: cld@lourie.emsa.org.za

ALD Emmaus
 Derek Wolff
 Cell: 082 5471479
 Email: ald.emmaus@lourie.emsa.org.za

TEAM SELECTION COMMITTEE USE ONLY:

Walk Number:	
Servants Capacity Allocated:	
Talk Given where applicable:	
Copy of Id received:	

