



CROSS BAYOU - WALK TO EMMAUS

Application for Emmaus Team Service

Name _____ () Male () Female () Lay () Clergy
Last First Initial

Address _____ City _____ St. _____ ZIP _____

Home phone (____) _____ Business phone (____) _____

Present Occupation _____ Employed by _____

Name and Denomination of your Church _____

Church Address _____ City _____ St. _____ ZIP _____

Your Pastor's Name _____ Telephone No. (____) _____

Indicate your church activities _____

Do you receive the Emmaus Newsletter? () Yes () No

Do you meet regularly in a reunion group () Yes () No

Location, Day and time of your reunion group _____

I attended _____ Date _____ Place _____
(Emmaus, Cursillo, Via de Christo, Kairos, other)

I have served as a member of the following team(s):

Team _____ Date _____ Place _____ Job _____

Team _____ Date _____ Place _____ Job _____

Team _____ Date _____ Place _____ Job _____

Team _____ Date _____ Place _____ Job _____

Team _____ Date _____ Place _____ Job _____

(List any other team service activities on the reverse of this form)

Do you have any special dietary needs () Yes () N. Describe _____

If you are not selected for the next team, when could you serve on an Emmaus team in the future? Indicate month(s) and year _____

If accepted to serve on an Emmaus team, I commit to attending all the team formation meetings and to be present for the entire three-day Walk to Emmaus weekend including the closing. I also agree, in a spirit of love and obedience, to follow the guidelines for team service as outlined in the Team Manual, and as directed by the Emmaus Community Administrative Board through its representatives and the Lay Director of the weekend. I understand that I will be responsible to pay the fees for the weekend.

(Scholarships may be available) () I wish to apply for a scholarship.

Signature _____ Date _____