

Channel Islands Walk to Emmaus

TEAM APPLICATION

Circle one: Men's Team Women's Team

PLEASE TYPE OR PRINT:

Circle one: Mr. Mrs. Ms. Rev. Name _____

Address _____ Age: _____

City _____ State _____ Zip _____

Phone: (Home)(_____) _____ Work # (_____) _____

E-Mail Address _____

Emergency Contact Name _____ # (_____) _____

Occupation _____ Circle one: Single Married Widowed Separated Divorced

Attending church at: _____ Denomination: _____

Date of your Walk to Emmaus _____ Location _____

Mark the number of times you have held these positions on an Emmaus Team:

- | | |
|--|--------------------------|
| _____ Lay Director | _____ Spiritual Director |
| _____ Assistant Lay Director | _____ Head Musician |
| _____ Head Cook | _____ Musician |
| _____ Assistant Head Cook - Kitchen | _____ Agape |
| _____ Assistant Head Cook - Facilities | _____ Logistics |
| _____ Prayer Agape | _____ Kitchen Musician |
| _____ Cook | _____ Table Leader |
| _____ Floater / Runner | _____ Angel |

Mark the number of times you have given any of these talks on an Emmaus Walk:

- | | |
|-----------------------------------|--------------------------|
| _____ Priority | _____ Obstacles to Grace |
| _____ Prevenient Grace | _____ Discipleship |
| _____ Priesthood of All Believers | _____ Changing Our World |
| _____ Justifying Grace | _____ Sanctifying Grace |
| _____ Life in Piety | _____ Body of Christ |
| _____ Growth Through Study | _____ Perverserance |
| _____ Means of Grace | _____ Fourth Day |
| _____ Christian Action | _____ Green Talk |

Do you play a Musical Instrument and if so, which one? _____

Comments or information you feel would help in placing you on a team for a Walk to Emmaus:

Do you require a special diet? _____ If so,what? _____

Please list any medical conditions that the Walk Leadership should know about:

Are you able to make a commitment of 20+ hours team preparation spread over a 6 to 8 week period? _____

Signature: _____ Date: _____

Please Mail or Fax to: Janel Suliga, CIE Registrar, 2843 Zapata Court, Simi Valley, 93063.
Phone: (805) 581-1211 Fax: (253) 541-1211