GEORGIA FOOTHILLS WALK TO EMMAUS TEAM APPLICATION (please print clearly)



Birth date	//_	Male	Female
Address			
City			
State			
Phone (H))
Email			
Church			
Walk #		Year of	Walk
@Community	/ Move	ement	

Are you a member of the Clergy? Yes____No____ Are you participating in a reunion group? _____

Are you currently CPR certified, RN, MD? Y / N

If you have worked in the Conference room during any previous Walk in *any* community, <u>please indicate the</u> number of times you have served in each capacity.

	NUMBER	WANT
	OF TIMES	TO SERVE
Lay Director		
Asst. Lay Director		
Table Leader		
Asst. Table Leader		
Spiritual Director		
Asst Spiritual Director		
Observing Lay Director		
Board Representative		

Please mark which talks you have ALREADY given. NUMBER OF TIMES

Priority	
Priesthood of All Believers	
Life in Piety	
Growth through Study	
Christian Action	
Discipleship	
Changing Our World	
Body of Christ	
Perseverance	
Fourth Day	
Prevenient Grace	
Justifying Grace	
Means of Grace	
Obstacles to Grace	
Sanctifying Grace	

Would you be willing to give a talk if asked?(Please circle)YESNO



If you have served in a servant position during any previous Walk in *any* community, <u>please indicate the</u> <u>number of times in each capacity</u>. If you would like to serve, <u>please indicate by placing an X by the desired</u> <u>activity's "want to serve" column</u>.

	NUMBER OF TIMES	WANT TO SERVE
Setup / Take Down *		
Dining Room Servant		
Cooking Servant		
Agape Servant		
Music Servant		
Vocal Keys	Guitar A/V	Other
Room Servant		
Chapel Servant		
Support (or Observing	g)	
Coordinator		

* You may serve at Setup/Take Down without paying team fees. If you also serve in an additional role, team fees apply.

<u>Applying to serve</u>: (please circle one or more)

Men's Walk #39 March 7-10, 2024 Women's Walk #39 March 14-17, 2024

I understand the Team Selection Committee, including the weekend Lay Director, will select the team members in accordance with the Walk to Emmaus Handbook. My signature below indicates that I understand attendance at team meetings is required and I commit to attend the meetings. *I understand the weekend fee* of \$210 will be due by the last team meeting date.

Signature

Mail to: GFWTE – PO Box 90 Gainesville

GFWTE – TEAM SELECTION

Date

PO Box 908253 Gainesville, GA 30504