

Application to Serve on Emmaus of the Albemarle, Inc., Team # _____

Please use only white paper and black ink. Type or print all except signatures.

Full Name: _____ You prefer to be called: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home telephone number: (_____) _____ Cell phone number: (_____) _____

Email address: _____

Birth Date: ____/____/____ Sex: - Male - Female Marital Status: - Married - Single - Divorced - Widow

Name of Church: _____ Address: _____

City: _____ State: _____ Zip: _____ Pastor's Name: _____

Pastor's signature: _____ Phone number: (_____) _____

Applications must have your pastor's signature and phone number. If your church is currently without a pastor please have the church's Lay Leader, Deacon, etc., sign with their position and phone number.

Your original weekend AE # _____ Did you complete the 72-hr weekend? Yes No

If no, give reason unable to complete the weekend _____

Date you attended a Day of Deeper Understanding: _____

Play any musical instruments? Yes No What instruments? _____

Are you in a Reunion Group? Yes No Which one? _____

Do you have any physical limitations? Yes No If yes please specify: _____

TEAMING RESPONSIBILITIES: There are five (5) to six (6) team meetings preceding an Emmaus of the Albemarle, Inc., weekend. Attendance is expected at ALL meetings. If you know you will be absent for one, please contact the Lay Director of weekend walk prior to committing to team. **FINANCIAL RESPONSIBILITIES:** ALL team members are responsible for their portion of the room and board for the weekend and this fee is due no later than the SECOND TEAM MEETING. If there is difficulty meeting this obligation, please contact the Lay Director of the weekend prior to the deadline. **Team fee is currently \$200.00.**

Please sign below and complete the information on the back side of this application.

Applicant's Signature: _____ Date _____

After completing the both sides, please return this application to:

Emmaus of the Albemarle, Inc.
Team Selection Committee
Post Office Box 816
Manteo, NC 27954-0816

FOR ADMINISTRATIVE USE ONLY:

Application Received: ____/____/____ Applicant Contacted to Team: ____/____/____

Medical Release Signed: ____/____/____ Team Fees Received: ____/____/____

Applicant accepted or declined when contacted to serve as a team member? Accepted Declined

