



Athens Area
Walk to Emmaus
Team Application
Form
(Please print)



I am applying to work the following weekend: Men's _____ Women's _____

Name _____ Church _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Home Phone _____ Work Phone _____

How would you like to serve? _____

Are you willing to give a talk if asked? _____ Preference _____

Any special talents? _____ Limitations? _____

Are you currently certified to administer CPR, a registered nurse, a physician, or other health care professional? Please describe. _____

Have you served on a previous Walk to Emmaus/ Chrysalis/ etc. weekend team? _____

How many? _____ In what capacity? _____

If you have given a talk, which one? _____

Name, date and location of your Walk or Flight _____

Do you participate regularly in a Reunion Group? _____ Attend Gatherings? _____

I understand that the Weekend Lay Director and the Team Selection Committee will select team members in accordance with the guidelines outlined in the Walk to Emmaus Handbook.

Signature _____

Date _____

Mail to: Please provide your email address for Team contact and planning.

AAWE - Emmaus
Team Selection Committee
Peggy Bailey
480 Riverbottom Road
Athens, GA 30606
