

# SonShine Emmaus Team Application

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Address: \_\_\_\_\_ (H) Phone: \_\_\_\_\_  
 City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ (W) Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ (M) Phone: \_\_\_\_\_  
 Church: \_\_\_\_\_ Pastor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

When and where did you take your original walk? Date: \_\_\_\_\_ Location: \_\_\_\_\_

I  have /  have not attended a DDU. Date: \_\_\_\_\_

I have participated in, served, or attended the following community related activities:

- Gatherings       Sponsor       Candlelight       Agapé       Fourth Day Talk  
 Board Member       Reunion Group       Mañanitas       Palanca       Ultreya  
 Kairos (Team)       Chrysalis (Team)       Epiphany (Team)       Cursillo(Team)       Other \_\_\_\_\_  
 Committee / Support: \_\_\_\_\_  
 DDU Talk(s): \_\_\_\_\_

Please list any musical instruments you play: \_\_\_\_\_

Teaming experience: Please list walk number with community ID, date, location, position, talks given, other assignments.

<u>Walk #</u>	<u>Date</u>	<u>Location</u>	<u>Position</u>	<u>Talk</u>	<u>Assignments</u>	<u>Walk #</u>	<u>Date</u>	<u>Location</u>	<u>Position</u>	<u>Talk</u>	<u>Assignments</u>

TEAM MEMBERS ARE ASKED TO CONTRIBUTE THE COST OF THE WEEKEND. If you are not able to contribute the cost, you are still needed and welcome to serve on a team. Please indicate, in the space below, your need for financial assistance. Financial support is available from other community members (Weekend cost is \$235.<sup>00</sup> which includes a \$35.<sup>00</sup> application fee due at the time this application is submitted).  I am requesting financial assistance, please contact me. Husbands and wives must submit separate applications. Checks should be made payable to SonShine Emmaus.

I understand that the submitting of this application does not obligate or guarantee me placement on a particular Team, only that I offer myself as a servant for consideration in the Team selection process. I understand this commitment to God, Pilgrims, Team, and the SonShine Emmaus Community. I will pray for discernment during this selection process. I further agree and commit to attend 6 (six) gatherings in the 12 month period following my teaming. Mail to: **SonShine Emmaus, P.O. Box 28022, Henrico, VA, 23228**  
**Attn: Team Selection Committee.**

\_\_\_\_\_  
Applicant Signature      Date

For completion by the Team Selection Committee:	Date application received: _____
Date called: _____ By: _____ <input type="checkbox"/> Y/ <input type="checkbox"/> N	
Date called: _____ By: _____ <input type="checkbox"/> Y/ <input type="checkbox"/> N	
Date called: _____ By: _____ <input type="checkbox"/> Y/ <input type="checkbox"/> N	Updated: 02/22/2011