

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.

Walk #	Date	Location	Position	Talk	Assignments	Walk #	Date	Location	Position	Talk	Assignments

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 \$180.⁰⁰ which includes a \$35.⁰⁰ 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.

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 55, Mechanicsville, VA, 23111, 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