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 ☐ Ultreýa

☐ 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, 2361 Judes Ferry Rd., Powhatan, VA, 23139, Attn: Team Selection Committee.**

_____ _____
Applicant Signature Date

For completion by the Team Selection Committee: Date application received: _____

Date called: _____ By: _____ ☐Y/ ☐N

Date called: _____ By: _____ ☐Y/ ☐N

Date called: _____ By: _____ ☐Y/ ☐N

Updated: 3/10/2010