

Team Service Application

Greater Cincinnati Emmaus, Chrysalis, and Face to Face

Name _____ Gender Male Female

Address _____

Email _____ Preferred Phone _____

Original Walk Date _____ Walk/Flight/Encounter # _____ Location _____

Who can serve as a reference for you? Name: _____ Phone: _____

Your Church Name _____ Pastor/Priest _____

Church Location/Address: _____

Have you served on a team before? Yes No If yes, where? _____

Date of last team service _____ How many teams have you served on? _____

I have previously served as (circle all that apply)

Table Leader	Assistant Table Leader	Lay Director	Music
Logistics	Assistant Lay Director/Coach	Clergy	Prayer Servant

I have given the following talks _____

List special talents (music, computer, etc.) _____

Are you in a share/accountability group? No Yes Where meet? _____

Which type of team(s) are of interest? Emmaus Walk Chrysalis Flight Face to Face
(background check req'd)

Which time(s) of year are you generally available to serve? Fall Spring Summer
(prep begins 8-10 weeks in advance of an event)

Please indicate any special dietary, medical, mobility or ability needs: _____

Signature _____ Date _____

Scan and email to: board@cincinnatiemmaus.org

Mail to: Team Selection Chair
8221 Miami Ave.
Madeira, OH 45243

_____ Please check here if you'd like more information before volunteering to be considered for a future team