



GLORIOSA EMMAUS COMMUNITY

TEAM VOLUNTEER FORM FOR 2012

One form per Walk

I am able to serve on the following EMMAUS WALK at Emseni Christian Centre, Brentwood Park, Benoni – please tick.

Men's Walk #83	24 – 27 May 2012	
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Ladies Walk #84	7 – 10 June 2012	
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CAPITAL LETTERS PLEASE!

Name and Surname	
Date of Birth (With year)	
e-mail address	
Postal address	
Cell phone number	
Telephone number Home	
Telephone number Work	
Fax number	
Church denomination	
Congregation name	
Your Reunion Group	
Your Pilgrim Walk number	
Previous Emmaus Talks given	
Dietary requirements	
Musician (Name Instrument)	
Previous Emmaus/Chrysalis experience (for database)	

Declaration

- I would like to volunteer to serve Christ on Emmaus and submit this team form for the process of Team Selection.
- I will pay the required amount of R800.00 into the given bank account, being Gloriosa Emmaus Community, First National Bank; Acc #: 551 5003 4996 Branch code: 25214500 (Hatfield); Reference: First name and surname, when I am confirmed as part of any team by the Team Selection Committee. When doing an EFT, please make a copy of the transaction and hand to the Board Rep on the training days. Please note – 50% of all fees are to be paid by the 1st Team Formation, and the balance by the 3rd Team Formation.
- I will attend all the Team Formations and Team meetings. I am aware that my attendance of these events is necessary and secures me as part of the Team, with my arrival on the weekend starting at 08h30 on the Thursday, and ending at 17h30 on the Sunday with packing up.
- I commit to participating in prayer for the Pilgrims and Team and serving the entire Emmaus Weekend.
- I accept all of the above as I am a vessel of Christ through Whom I serve, NOT me or OTHERS, but CHRIST!
- Note: If you are working in TEAM, you may not sponsor a Pilgrim!
- Working on Team requires commitment, thank you for your servanthood in volunteering to work on Team. De Colores!

Applicant Signature _____

Reunion Group Leader name in print _____

Reunion Group Leader signature _____

Please note that your Reunion Group leader's signature is necessary for acceptance of this form.

Please forward to CLD: Jean Stelling Fax: 012 343 0832/e-mail: stellingjm@gmail.com

Updated 1 Dec 2011