

WALK TO EMMAUS VOLUNTEER
New Covenant Emmaus Community

Date Submitted: _____

Name: _____ Phone: (Area Code) _____

Address: _____ City: _____ St: _____ Zip: _____

E-Mail Address: _____

Walk #/location _____ Church: _____

Are you presently involved in a weekly reunion group? _____ Name of reunion group _____

Areas in which you would most like to serve:

Committees _____

(agape, worship, meal service, refreshments, prayer chapel, logistics, prayer vigil, sponsor's hour /candlelight /closing, photographer, entertainment, housing/registration)

Conference Room _____

(note whether you are willing to give a talk)

Music _____

(note instruments you play, if any)

Previous team experience: _____

(positions held, date last served)

Do you require special medical, dietary, or physical considerations? _____

Will you make a commitment to 20+ hours of team preparation and team meeting attendance over a six to eight week period? _____

Are you able to meet the financial obligation associated with serving on a team? (\$125 in conference room, min \$16 outside conference room) _____

MAIL YOUR COMPLETED FORM TO: **New Covenant Emmaus Community**

ATTN: Registrar

P.O. Box 442

Ardmore, TN 38449

*All volunteer forms are reviewed by the New Covenant Team Selection Committee. After the review, volunteers will be notified by Walk Lay Directors. Volunteers may work only one Fall (Men or Women, not both) and one Spring walk (Men or Women, not both) per year.