

# Central Mississippi Walk to Emmaus Team Application



Name: \_\_\_\_\_ Your Emmaus Walk#: \_\_\_\_\_

Address \_\_\_\_\_ Date of Application: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Name, if applicable: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Identify Time of Year M/F Preference/s:** \_\_\_ **Man's Walk** \_\_\_ **Woman's Walk**

\_\_\_ February \_\_\_ April \_\_\_ July \_\_\_ October

### Abilities & Interest:

\_\_\_ Can Sing \_\_\_ Can Lead Singing \_\_\_ Play Guitar \_\_\_ Play Piano \_\_\_ Other: \_\_\_\_\_

\_\_\_ Can type & can bring computer and printer to Walk

Other Talents and Abilities: \_\_\_\_\_

**Experience:** (Emmaus & Chrysalis - use back if needed, [please list all](#))

Walk# Date: Talk/Job: \_\_\_\_\_

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Walk# Date: Talk/Job: \_\_\_\_\_

Would you serve on a: Committee? \_\_\_\_\_ Conference Room Team? \_\_\_\_\_

### If you cannot serve on a team, would you like to:

Set up for a Saturday night party? \_\_\_\_\_ Work on a Prayer Chain? \_\_\_\_\_

Other Contribution? \_\_\_\_\_

Are you physically limited in any way that would need to be considered on team assignment? \_\_\_\_\_

Please explain: \_\_\_\_\_

Complete this form and return it as soon as possible to:

Leila Malatesta

P.O. Box 523

Flora, MS 39071

lmalatel@yahoo.com

Everyone who wishes to serve on a team MUST have an application on file. The names of the applicants are furnished to the Lay Director six months prior to the weekend of the Walk. As a team member, you will be asked to contribute \$165 towards the expense of food and lodging. There may be scholarships available to team members. If you need assistance, please feel free to discuss this with the Lay Director. Remember; DO NOT be discouraged if you are not asked to serve on a Emmaus Walk right away. You will be called when the Lord leads!