## **SUNRISE EMMAUS**

## **Application for service on an Emmaus Team**

(Please print clearly)			
NAME	PHONE ()	<del></del>	
ADDRESS	CITY/ST	ZIP	
E-MAIL ADDRESS(If applicable)			
I attended Walk No on(date)	(Pilgrim Walk)		
I am a member of			(City)
I attend the Emmaus activities of the		Community	
I have [ ] have not [ ] attended Emmaus	Lay Director Training.		
Date and Place of training			-
MY EXPERIENCE			
I have worked on New Mexico Walk Nos.	,		
I have served on Walks in other			
Area Names			
I have served in the following positions_			·
I have given the following talks			_
I have the following special gifts I am wil			
MUSIC: [ ] Singing [ ] Guitar [ ] Piano/Ke	eyboard [ ] Other		
ENTERTAINMENT: [ ] Act [ ] Clown [ ] Da			
MEDICAL SKILS: [ ] EMT [ ] Medical Doc			
Other special gifts			
[ ] I have a portable computer and printe	er which I can bring to the Walk to	help with printing m	aterials
[] I have a copier which I can bring to th	ne walk to help with printing materi	als	
[ ] I UNDERSTAND THAT ACCEPTING A PO	OSITION ON AN EMMAUS TEAM M	EANS THAT I WILL CO	OVENANT WITH
THAT TEAM AND BE PRESENT AT ALL TEA	AM MEETINGS AS WELL AS PORTIO	NS OF THE WALK. I w	vill abide by
the Emmaus Team Covenant and the Car	non of the Emmaus Team. While er	nergencies may arise	e I will still be
required to attend at least one team med	eting. I further understand that in o	order to be considere	ed for serving
on a Team, I must be active in my local cl	hurch and that I will have to show i	my commitment to t	he Emmaus
movement by being active in both a grou		•	
the above statements and request consid	•	•	, 0
			_
SIGNATURE	DATE	-	

Mail completed form to: Sunrise Emmaus Registrar Clyde Moon 5252 State Hwy 156 McAlister, NM 88427 (575) 760-2232