SUNRISE EMMAUS Application for service on an Emmaus Team

(Please print clearly)			
NAME		PHONE ()	
ADDRESS		CITY/ST	ZIP
E-MAIL ADDRESS(If app	licable)		
I attended Walk No	on(date)	(Pilgrim Walk)	
I am a member of		Group Reunion in	(City)
I attend the Emmaus ac	ctivities of the		Community
I have [] have not []	attended Emmau	s 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 a	areas.	
Area Names			
I have served in the foll	lowing positions_		
I have given the followi			
I have the following spe	ecial gifts I am will	ing to share:	
MUSIC: [] singing []	guitar [] piano/	'keyboard [] other	
		dance [] other	
MEDICAL SKILS: [] EM	T [] Medical Do	ctor [] Nurse [] other	
Other special			
gifts			
		er which I can bring to the Walk t ne walk to help with printing mate	
[] I UNDERSTAND THA	AT ACCEPTING A P	OSITION ON AN EMMAUS TEAM	MEANS THAT I WILL
COVENANT WITH THAT	TEAM AND BE PF	RESENT AT ALL TEAM MEETINGS A	AS WELL AS PORTIONS OF
THE WALK. I will abide	by the Emmaus Te	eam Covenant and the Canon of t	:he Emmaus Team. While
emergencies may arise	I will still be requi	ired to attend at least one team r	neeting. I further understand
that in order to be cons	sidered for serving	g on a Team, I must be active in m	ny local church and that I will
have to show my comm	nitment to the Em	maus movement by being active	in both a group reunion and
the Emmaus communit	y in my area. I her	reby agree to the above statemer	nts and request consideration
for participation on fut	ure Emmaus team	ns.	
SIGNATURE			DATE

Mail completed form to: Sunrise Emmaus Registrar – Becky Wallace 6587 Quay Road Q San Jon, NM 88434