

Greater Indianapolis Area Emmaus/Chrysalis Community Team Service Commitment

This application is for an Emmaus Walk \_\_\_\_\_  
 Chrysalis Flight \_\_\_\_\_

Please complete this form and mail to : Greater Indianapolis Area Emmaus  
 PO Box 7236  
 Fishers, IN 46037

Date of this application \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female  
 Email address \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Church \_\_\_\_\_ Denomination \_\_\_\_\_  
 Are you currently in a Reunion Group?  Yes  No Please check one  Clergy  Layperson  
 Date and location of your original walk \_\_\_\_\_

History of past team experience:  
 I have worked on (#'s) \_\_\_\_\_ Emmaus Walks \_\_\_\_\_ Chrysalis Flights \_\_\_\_\_ Cursillos or other  
 Indicate the number of times that you have served in each position.  
 Lay Director \_\_\_\_\_ Head Cha \_\_\_\_\_ Head Kitchen \_\_\_\_\_ Table Leader \_\_\_\_\_  
 Assistant Lay Director \_\_\_\_\_ Cha \_\_\_\_\_ Kitchen \_\_\_\_\_ Asst. Table Leader \_\_\_\_\_  
 Musician \_\_\_\_\_ Board Rep. \_\_\_\_\_ Talks \_\_\_\_\_ Special Ministry \_\_\_\_\_  
 Spiritual Director \_\_\_\_\_ Assistant Spiritual Director \_\_\_\_\_ PCC \_\_\_\_\_

I would like to be considered for team service on teams forming for walks during the following seasons:  
 Winter  Spring  Summer  Fall  
 I am available to work anytime during the year

Please consider me for team service in one of the team positions marked below:  
 Table Leader  Head Kitchen  Head Cha  Assistant Table Leader  
 Kitchen  Cha  Musician  I will be willing to work anywhere   
 PCC the Lord wants me

**Please indicate your agreement with the following statements by initialing each statement.**

If I am selected to serve on an Emmaus Team, I understand that I am committed to attend all meetings \_\_\_\_\_

I understand that each Emmaus team member is to pay a team fee of \$125 to cover food and lodging expenses that are incurred during the weekend \_\_\_\_\_

Do you have any physical needs that limit your ability to work a walk, and any special dietary needs?  
 \_\_\_\_\_  
 \_\_\_\_\_

This service sheet will be held for a two year period from the date this application is signed.