



NEW LIFE EMMAUS COMMUNITY  
**LAY TEAM SERVICE APPLICATION – WALK TO EMMAUS**

Name: \_\_\_\_\_ Gender:  Male  Female  
Address: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Available When/Where: \_\_\_\_\_ Email: \_\_\_\_\_  
*(season, event site, and/or event #)*

Pilgrim/Butterfly on: Emmaus/Chrysalis Walk/Flight # \_\_\_\_\_ in \_\_\_\_\_ Community

Are you interested in eventually serving as a Lay Director?  yes  no  
*\*If yes, the Community Lay Director will contact you to review the qualification requirements.*

**CHURCH / EMMAUS COMMUNITY / REUNION GROUP INFORMATION**

*The Walk to Emmaus is for the development of Christian leaders. Current and active membership by Team Members in a Christian congregation is necessary to the fulfillment of this purpose. Local church Emmaus groups and the New Life Emmaus Community exist to provide leadership opportunities through the hosting and support of Upper Room events.*

Do you attend Church regularly?  yes  no Church Home: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Denomination/Tradition: \_\_\_\_\_

Are you active in your local church Emmaus Group?  yes  no Name: \_\_\_\_\_

Are you active in a Reunion Group?  yes  no Reunion Group Name: \_\_\_\_\_

How many Community or Walk/Flight services have you attended in the last year?

\_\_\_\_\_ Gatherings \_\_\_\_\_ Sponsor's Hour \_\_\_\_\_ Candlelight \_\_\_\_\_ Closing

Community Name: \_\_\_\_\_

**APPLICATION INFORMATION**

Team Position:  Outside Team  Music  Inside Team  Flexible

Available to travel more than 100 miles for Team Meetings and the weekend event?  yes  no

Music Team Applicants:  Vocalist  Instrumentalist: \_\_\_\_\_

Music Team Name: \_\_\_\_\_

**MEDICAL PERSONNEL ONLY:** Occupation \_\_\_\_\_

Dietary Restrictions:  
*See attached, New Life Emmaus Community's mandatory, confidential form:  
"SPECIAL DIETARY RESTRICTIONS".*

*Upon selection, and before the event can commence, some event sites require all Team Members to sign a mandatory release form. Please be prepared to make yourself available for signature in a timely fashion.*

**TEAM EXPERIENCE ON UPPER ROOM PROGRAMS (use back if necessary)**

The Team Selection Committee is charged with maintaining a balance of experience on each Team. Please fill out your service record (below) as completely as possible.

Event	Date/Location	Role
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
Emmaus Chrysalis Face2Face	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____

**RECOMMENDATIONS**

As the Community Lay Director of the applicant’s FDC/NSC, I recommend this applicant for service on a Walk to Emmaus Team:

Name: \_\_\_\_\_ Fourth Day Community: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the Pastor or FDC/NSC Spiritual Director for this applicant, I recommend this applicant for service on a Walk to Emmaus Team:

Name: \_\_\_\_\_ FDC or Church: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If accepted to serve as a Team Member, I commit to attend all Team Meetings and to be present for the entire weekend, including Closing. I also agree, in the spirit of love and obedience, to adhere to the guidelines for Team Service as outlined in the Upper Room Team Manual and as directed by the New Life Emmaus Community Board of Directors through its Walk Board Representative and/or Lay Director.*

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN THIS FORM TO:**

New Life Emmaus Community Registrar | 90 Winn Ave, Universal City TX 78148 | NLECRRegistrar@gmail.com  
**MAKE CHECKS PAYABLE TO: New Life Emmaus Community**

# SPECIAL DIETARY RESTRICTIONS (Confidential\*)

**For the purposes of meal planning, and in the event of a medical emergency, proper completion of this form will greatly assist the Walk Team and EMS.**

ATTENDEE NAME: \_\_\_\_\_ WALK #: \_\_\_\_\_ WALK DATE: \_\_\_\_\_  
 Male  Female Date of Birth: (M/D/YY) \_\_\_\_\_  
SPONSOR: \_\_\_\_\_ BEST PHONE: \_\_\_\_\_

### SPONSORS, PILGRIMS, TEAM MEMBERS

*For those with food allergies or special dietary preferences, please bring what you or your Pilgrim will need for the Walk.*

*The Team will provide Gluten-Free Wafers for Holy Communion.*

*While we will do our best to work with the Walk Site and their Kitchen Staff,*

*New Life Emmaus Community is unable to expressly guarantee what is or is not in the food prepared for the Walk.*

### SPECIAL DIETARY RESTRICTIONS (please check and/or circle all that apply)

<input type="checkbox"/> Diabetic / Sugar Free	<input type="checkbox"/> Vegan / All Plant Based	<input type="checkbox"/> Peanut Allergy
<input type="checkbox"/> Lactose Intolerant / Dairy Free	<input type="checkbox"/> Celiac / Gluten Free / Wheat Allergy	<input type="checkbox"/> Tree Nut Allergy (walnuts, almonds, pecans)
<input type="checkbox"/> Egg Allergy	<input type="checkbox"/> Corn Allergy	<input type="checkbox"/> Shellfish / Fish Allergy
<input type="checkbox"/> Soy Allergy		

OTHER ALLERGIES (be specific): \_\_\_\_\_

MAJOR MEDICAL CONDITIONS (be specific): \_\_\_\_\_

### PLEASE NOTE

- ALL PILGRIMS AND TEAM MEMBERS WITH A PRESCRIBED EPI-PEN MUST BRING AN EPI-PEN TO THE WALK.
- ALL PILGRIMS AND TEAM MEMBERS WITH PRESCRIBED INSULIN MUST BRING THEIR INSULIN, THEIR TEST KIT, AND PROPER INJECTION EQUIPMENT TO THE WALK. REFRIGERATION WILL BE AVAILABLE.

**\*CONFIDENTIALITY & PRIVACY:** Disclosure of information on this page shall serve as: a) consent of the individual to share this information with their Sponsor and certain appropriate Leaders on the Walk Team, and b) consent that it will be shared further only to those responsible for meeting your physical, medical and dietary needs. New Life Emmaus Community is committed to respecting and protecting the privacy of all personal information of Pilgrims and Team Members, and will NOT release any personal information without express consent of the individual. Post-Walk, these Records shall be maintained in strict privacy and confidentiality, according to recordkeeping best-practices, by the New Life Emmaus Community Registrar, and under the Supervision of the New Life Emmaus Community Board of Directors. Walk Team Members must update their own information on this page for each Walk on which they serve.