



NEW LIFE EMMAUS COMMUNITY
FACE TO FACE LAY TEAM SERVICE APPLICATION

Name: _____ Gender: ___ Male ___ Female
Address: _____ HM: _____ WK: _____
City/State/Zip: _____ CELL: _____
Date of Birth _____ Face to Face is intended for those age 60 and over.
Lay Members of the Inside Team must be 60 or over. Outside Team can be any age, 18 and up.
Available When/Where: _____ Email: _____
(season, event site, and/or event #)

Pilgrim/Butterfly on: Emmaus/Chrysalis Walk/Flight/Encounter # _____ 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 and Face to Face Encounter are 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: _____
Community Name: _____
Are you active in a Reunion Group? ___yes ___no Reunion Group Name: _____
How many Community or Walk/Flight/Encounter services have you attended in the last year?
_____ Gatherings _____ Sponsor's Hour _____ Candlelight _____ Closing

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

MEDICAL PERSONNEL ONLY: Occupation _____

Music Team Applicants: ___ Vocalist ___ Instrumentalist: _____
Music Team Name: _____

Medical Information – Please complete this section to help the Encounter Team be aware of your needs.

List any physical limitations or restrictions: _____
Are you able to climb stairs? Yes No

List any known food allergies: _____

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: _____

RECOMMENDATIONS

As the Community Lay Director of the applicant’s FDC/NSC, I recommend this applicant for service on a Face to Face 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 Face to Face 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 program, 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 Program 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 check payable to: New Life Emmaus Community; OR online: <https://newlifeemmaus.com/fees-donations/>.