



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: _____
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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](mailto:NLECRRegistrar@gmail.com)  
**Make check payable to: New Life Emmaus Community; OR online: <https://newlifeemmaus.com/fees-donations/>.**

