NEW LIFE EMMAUS COMMUNITY LAY TEAM SERVICE APPLICATION

First Name: _____ Last Name: _____ Name Tag: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: (PLEASE PRINT CLEARLY!)_____
EVENT: ***(event #, event site, and/or season)*** _____
Male __ Female __ Date of Birth _____/_____/_____

- **Face to Face** is for those age 50+ or on a case-by-case basis due to limitations.
  Lay Members of the Inside Team must be 50+. Logistics, Agape, & Prayer Teams can be ages 18+.
- **Chrysalis** is for those age 15-18. **Adults must be 23 and older. Youth alumni are allowed to serve ages 15+.**

Occupation _____
Are you physically able to climb stairs? yes ____ no ____ Do you smoke / vape? yes ____ no _____

Pilgrim/Butterfly on Walk/Flight/Encounter #_____ in _____Community

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

CHURCH / EMMAUS COMMUNITY / REUNION: NEXT STEP – FOURTH DAY – NEXT DAY GROUP
These Upper Room programs 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: _____
Pastor's Phone #:_____ Pastor's Email: _____
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/Encounter events have you attended in the last year?
Gatherings: ____ Sponsor's Hour: ____ Candlelight: ____ Closing: ____

Emmaus Community Name: _____

APPLICATION INFORMATION

Team Position: Support ___Music ___Conference Room ___Kitchen (depending on event/site) ___ Flexible___
Available to travel more than 100 miles for Team Meetings and any scheduled events? yes ___ no ___

Music Team Applicants: Vocalist ____ Type of Instrument: _____
Music Team Name: _____

- *Medical Information / Special Needs / Dietary Restrictions:*
  See attached, New Life Emmaus Community's mandatory, confidential forms:
  "EMERGENCY MEDICAL INFORMATION & SPECIAL NEEDS" and "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 Event 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 **Community Lay Director**, I recommend this applicant for service, subject to Team Selection and Board approval:

Name: ____ Community: ________________________________
Signature: _____________________________________ Date: ______________________________________

As the **applicant's Pastor *OR* Community Spiritual Director**, I recommend this applicant for service, subject to Team Selection and Board approval:

Name: ____ Community: ________________________________
Signature: _____________________________________ Date: ______________________________________

If accepted to serve as a Team Member, I commit to attend ALL Team Meetings and to be present for the entire Event, 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 Event Board Representative and/or Lay Director / Lay Leader.

Applicant's Signature:____**Date**:__________________

RETURN THIS FORM TO:

New Life Emmaus Community Registrar | 90 Winn Ave, Universal City TX 78148 | NewLifeEmmausSA@gmail.com
MAKE CHECKS PAYABLE TO: New Life Emmaus OR pay online at: https://newlifeemmaus.com/fees-donations/

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 Event Team and EMS.

ATTENDEE NAME: _____ **EVENT #:** ____ **EVENT DATE:** _____

☐ **Male** ☐ **Female** **Date of Birth: (M/D/YY)** _____

TEAM MEMBERS

For those with food allergies or special dietary needs, depending on the site, you may bring what you will need. Please check with the Event Director for site-specific conditions. The Team will provide Gluten-Free Wafers for Holy Communion. While we will do our best to work with the Event Site and the Kitchen Staff, New Life Emmaus is unable to expressly guarantee what is or is not in the food prepared for the Event.

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

☐ **Diabetic / Sugar Free**

☐ **Lactose Intolerant / Dairy Free**

☐ **Egg Allergy**

☐ **Soy Allergy**

☐ **Vegan / All Plant Based**

☐ **Celiac / Gluten Free / Wheat Allergy**

☐ **Corn Allergy**

☐ **Peanut Allergy**

☐ **Tree Nut Allergy** (walnuts, almonds, pecans)

☐ **Shellfish / Fish Allergy**

OTHER ALLERGIES (be specific): _____

MAJOR MEDICAL CONDITIONS (be specific): _____

PLEASE NOTE

- **ALL ATTENDEES WITH A PRESCRIBED EPI-PEN MUST BRING AN EPI-PEN TO THE EVENT.**
- **ALL ATTENDEES WITH PRESCRIBED INSULIN MUST BRING THEIR INSULIN, THEIR TEST KIT, AND PROPER INJECTION EQUIPMENT TO THE EVENT. 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 certain appropriate Leaders on the Event 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 Attendees, and will NOT release any personal information without express consent of the individual. Post-Event, these Records shall be maintained in strict privacy and confidentiality, according to recordkeeping best-practices, by the New Life Emmaus Community Board of Directors. Event Team Members must update their own information on this page for each Event on which they serve.*

EMERGENCY MEDICAL INFORMATION & SPECIAL NEEDS (Confidential*)

In the event of a medical emergency, proper completion of this form will greatly assist the Event Team and EMS.

ATTENDEE NAME: _____ **EVENT #:** _____ **EVENT DATE:** _____

☐ **Male** ☐ **Female** **Date of Birth: (M/D/YY)** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT CELL PHONE: _____ **HOME PHONE:** _____

PRIMARY CARE PHYSICIAN: _____ **PHONE:** _____

Town where Physician practices: _____

Preferred Hospital after Stabilization*: _____

*(New Life makes no representations or guarantees about where initial or long-term transport will be; we will, however, make every effort to make known the wishes of the attendee and his/her Physician.)

MEDICAL INFORMATION (please list below or attach a list)

LIST ALL PRESCRIPTION DRUGS, OVER THE COUNTER ("OTC") ITEMS AND SUPPLEMENTS, AND ESSENTIAL OILS

MEDICATION/ITEM, PURPOSE, DOSAGE:	**MEDICATION/ITEM TIME:**

DRUG & FOOD ALLERGIES (be specific): _____

MAJOR MEDICAL CONDITIONS (be specific): _____

SPECIAL OCCUPATIONAL NEEDS (be specific): _____

SPECIAL MOBILITY NEEDS (be specific): _____

MEDICAL EQUIPMENT AND SUPPLIES (crutches, CPAP, etc.)
(CPAPs: electricity will be available and provided; it is advisable to bring an extension cord with you):

_____

MEDICAL DEVICE IMPLANTS (pacemaker, insulin pump, etc. – please bring a copy of any device ID cards, if available):

_____

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