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## Application to Be a Team Member on a Dan River Upper Room Walk to Emmaus Weekend

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Hello and Greetings to you in the Name of the Lord Jesus.

Please read the following information before completing this application.

As the team selection committee meets to select teams, we are required to follow guidelines established by the Upper Room Walk to Emmaus National Office. Additionally, the following criteria is used in selecting team members:

- Is the applicant an active member of a local church?
- Is the applicant a part of a reunion/covenant group?
- Does the applicant attended Gatherings of the Dan River Emmaus Community or other Community?
- Has the applicant attended a Day of Deeper Understanding?

People are not selected for specific jobs. There are certain leader positions such as Lay, Spiritual, and Music Directors, and Assistant Lay Directors, but beyond those there are no specific jobs. No member of the Dan River Emmaus Community has the authority to promise you a particular responsibility or team position. All potential team members must be willing to serve in whatever capacity is needed.

If you accept a team assignment, you are making a commitment to be available for that weekend and for team meetings that will meet once or twice a week for eight to ten weeks before the actual weekend for the Walk. Availability and sacrifice of time is the real requirement.

And now a word about teaming. Each of us must take into account the physical and/or emotional stress that is sometimes encountered while serving on a team. The joy of being on a team is there, but the work and stresses are there, also. Team members routinely are the first up in the morning and the last to go to bed at night. Working under pressure is also routine. Everyone on the team must carry his/her full load and be ready to assist to help when the unexpected happens. Every team member must also be ready, willing, and able to share his/her faith and love with any and all others on the weekend, literally at any time.

Finally, please remember that the teaming process is not to be used for selfish reasons. The team is there for the pilgrims. The team is there to serve as the Body of Christ to those whom God has chosen to be pilgrims.

Please understand that if you are not selected to serve on an upcoming Walk you will be contacted to see if you would be willing to serve on a future walk.

After completing this application and release/liability form, please send it to:

Dan River Emmaus Community  
Team Selection Committee  
P.O. Box 2640  
Danville, Virginia 24543

Thank you and God bless you.

Your brothers and sisters in Christ  
The Team Selection Committee



Application to Team on an Emmaus Weekend

Please type or print your information. Thank you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name you would like on your nametag: \_\_\_\_\_

Name & Denomination of Church you attend: \_\_\_\_\_

Your Pastor's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Where and when did you make your Walk/Cursillo? \_\_\_\_\_

Have you attended a Day of Deeper Understanding?  Yes  No

Do you attend a group reunion/covenant?  Yes  No

If you have teamed before please list when and where \_\_\_\_\_

Please list the responsibilities and jobs you have held on your previous teaming experience[s]:

\_\_\_\_\_

Have you given a talk before and if yes, which one[s]: \_\_\_\_\_

\_\_\_\_\_

Do you play a musical instrument?  Yes  No If yes, what kind \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**\*\*\* FINANCIAL NOTE \*\*\***

Team members are responsible for their fee to help meet the expenses of the Weekend. The cost is \$150.00 and is requested by the FIRST team meeting. The intent of the Scholarship Program is for Pilgrim needs. If you need financial assistance, the financial aid application MUST be filled out and returned with the application to be eligible. If you are unable to fulfill this obligation, please contact the Weekend Lay Director or the Community Lay Director.

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For Administrative use:

Date Application received: \_\_\_\_\_

## **Release/Liability Form**

I, the undersigned, have voluntarily decided to participate on a Walk Weekend (the "Walk") at the Betsy Penn 4-H Camp sponsored by Dan River Emmaus. I agree that I am assuming all risks of any injury to me or damage to property as a result of my participation on the Walk. I hereby release Dan River Emmaus, its members, directors, officers and agents from any and all liability of any kind resulting from any injury to me or damage to any of my property while I am participating on the Walk. I further agree to indemnify and save and hold harmless Dan River Emmaus, its members, directors, officers and agents from any and all claims or demands whatsoever arising out of or a result of my participation on the walk.

I, the undersigned, also hereby authorize any member, director, officer or other agent of Dan River Emmaus, who is assisting on the Walk, to assist me in seeking any emergency medical attention that I may require while participating on the Walk, with the understanding that neither Dan River Emmaus nor its members, directors, officers or agents are required to assist me with any emergency medical attention which may be required while I am participating on the Walk.

**My medical insurance provider is** \_\_\_\_\_

**My medical insurance policy # is** \_\_\_\_\_

**The principle insured on my medical insurance policy is** \_\_\_\_\_

**My medical insurance provider can be reached at (Phone)** \_\_\_\_\_

**In case of emergency, you can call** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home phone # of contact ( \_\_\_\_\_ )** \_\_\_\_\_ **Work phone # ( \_\_\_\_\_ )** \_\_\_\_\_

**Cell phone # ( \_\_\_\_\_ )** \_\_\_\_\_

**In case of emergency, you can call my:**  Spouse  Next of kin  Close friend/relative

**Name of above selected contact:** \_\_\_\_\_

**Home phone # of contact ( \_\_\_\_\_ )** \_\_\_\_\_ **Work phone # ( \_\_\_\_\_ )** \_\_\_\_\_

**Cell phone # ( \_\_\_\_\_ )** \_\_\_\_\_

**I certify that the above information is correct, and I have voluntarily executed the Release/Liability Form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_