

NWSA EMMAUS COMMUNITY LAY TEAM SERVICE FORM

 \Box This is a renewal or update of my information already on file

INFORMATION:	
Name:	Gender:
Address:	Telephone: Home: ()
City/State/Zip	Work: ()
	Cell: ()
Email:	
I was a pilgrim/butterfly on:	# Chrysalis Flight/Journey #
Birth Date (optional, but required for Chrysalis):	//
CHURCH/FOURTH DAY GROUP INFORMATI	<u>ON:</u>
congregations is necessary to the fulfillment of this pu	istian leaders. A current and active member in Christian urpose. The Fourth Day Groups (FDG) and Next Step Groups ugh the hosting and support of Emmaus and Chrysalis events.
Church Home:	Denomination:
Are you active in your Local FDG Emmaus Gathering	gs? 🗌 yes 🗌 no
Fourth Day or Next Step Group:	
Reunion/Accountability Group Information	
Are you active in a weekly Reunion Group \Box yes	no Reunion Group:
APPLICATION INFORMATION:	
I would like to serve on a team for:	aus 🗌 Chrysalis
Team Position: 🗌 Outside Support 🗌 Music	c \Box Conference Room
I am willing to travel more than 100 miles for team m How Far:	
$\hfill\square$ Please place me on track to eventually serve as a W	Valk/Flight/Journey Lay Director.
Music Team Applicants: Singer and/or	Instrument(s):
*Medical Professional only: Occupation: and Title	

\Box Emmaus	Number	Position:
□ Chrysalis	Date	Talk Given:
□ Kairos	Location	Lay Director:
Emmaus	Number	Position:
□ Chrysalis	Date	Talk Given:
□ Kairos	Location	Lay Director:
Emmaus	Number	Position:
□ Chrysalis	Date	Talk Given:
□ Kairos	Location	Lay Director:
Emmaus	Number	Position:
□ Chrysalis	Date	Talk Given:
□ Kairos	Location	Lay Director:
Emmaus	Number	Position:
□ Emmaus□ Chrysalis		Position: Talk Given:
	Date	Talk Given:
□ Chrysalis	Date Location	Talk Given: Lay Director:
□ Chrysalis□ Kairos	Date	Talk Given: Lay Director: Position:
ChrysalisKairosEmmaus	Date Location Number Date	Talk Given:
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 Chrysalis Kairos Emmaus Chrysalis Kairos Emmaus Chrysalis Kairos 	Date Location Number Date Location Date Location	Talk Given:

The Team Selection Committee is charged with maintaining a balance of experience on each Emmaus/Chrysalis Team. Please fill out as completely as possible.

RECOMMENDATIONS:

As the Lay I	Director of the	applicant's	FDG/NSG,	I recommend	this applicant	to serve or	ı an Emma	aus or	Chrysalis
Team.									
Signed:						Date:			

As the Pastor Or FDG/NSG Spiritual Director of this applicant, I recommend, this applicant to service on an
Emmaus or Chrysalis Team.
Signed: _____ Date: _____

If accepted to serve as a TEAM MEMBER, I commit to attending all Team Meetings and to be present for the entire weekend, including closing. I also agree, in a spirit of love and obedience, to follow the guidelines for Team Service as outlined in the Team manual and as directed by the Southwest Texas Emmaus/Chrysalis Community Board through its representative, the Lay Director of the weekend.

Signed: _____

Date:_____

NOTE: Applications are kept for three years. Please submit a new form after that date if you wish to remain listed on the Team Selection Database. Please update your information after serving on a team.

Submit this form to your Local Fourth Day Group Team Selection Committee