TIDEWATER EMMAUS TEAM APPLICATION

Name:	(Please print clearly in all areas of th	Original Walk:
Name: Original Walk: (Please print clearly in all areas of the address and phone number(s)) Address: City:		
State:	Zip:Home Phone:	Cell Phone:
E-mail:Spouses Name:		
Church you att	end & your involvement:	
		(if yes, what instrument)
Do you have a	ny special dietary needs? Yes No Sp	pecify:
Please answer all of the following questions:		
1. I am applying to be a member of the team on TW		
2. Have y	ou attended a Day of Deeper Understandin	ng? YesNo
3. Are you	active in a Reunion/Accountability Group?	? YesNo
4. Do you attend gatherings on a regular basis? YesNo		
5. Have y	ou served on a community service team (C	ST)? YesNo
6. Are you	interested in progressive servanthood?	YesNo
7. List pre	vious team experience as follows, enter "n	one" if appropriate:
Walk Number	Position Held	Talk Given
•		re teaming experience to list. Please be specific.)
		kend in the role of Christ's servant. By applying you

are stating that you will do whatever God asks during this weekend and can commit to attend the teaming meetings (typically 8 sessions). The team fee is **\$225.00 Teaming fees are due with your application.** Also, there are some minimal expenses associated with the weekend above that fee. All are welcome to serve on a team and if you need financial help please contact the Weekend Lay Director about your needs. Husbands and wives must submit separate applications. Fees will be returned if not selected for the team. Refunds will only be given up to 14 days prior to the weekend.

Signature of Applicant **Please mail applications to:**

Date or email to: <u>tweteamselect@gmail.com</u>