TIDEWATER EMMAUS COMMUNITY SERVICE (CS) APPLICATION

Anyone requesting to serve as the Community Support Overnight Crew must fill out an application and submit to the Director of Weekends for approval prior to the request walk's team selection. Overnight Community Support must be available to serve Thursday Morning thru Sunday Evening. This includes returning all Emmaus Supplies back to the storage area Sunday after closing ceremony. If you are unable to commit to this time frame, please sign up for the additional Community Support needed that will be posted about 2 months prior to the weekend.

Name:	Original Walk:				
	(Please print clearly in all	areas of the addres	s and pho	ne number(s))	
Address:	City	State:		Zip:	
mail: Occupation:					_
Home ph:	ome ph: Cell ph:				_
Church you attend & your	involvement:				
List previous community s	support experience by	walk number (en	ter "none'	' if appropriate)	:
Please answer the following	ng questions:				
1. Have you attend	ded a Day of Deeper l	Jnderstanding?	Yes	No	
2. Are you active i	n a Reunion/Accounta	ability Group?	Yes	No	
3. Do you attend o	gatherings on a regula	r basis?	Yes	No	
	participate in Commu n's walk #				
*Note: Overnight	Community Suppor	t should consist	of 2 men	and 2 women	on each walk.
Please prayerfully cons The Overnight Commun Please be aware fees to the weekend in the e should dress in normal	nity Support fee is \$. are due with your a vent you cancel. All	<mark>200.00</mark> This inc application. Re	ludes rod funds will	om and all me I only be giver	<mark>als.</mark> n up to 14 days prior
Signature of Applicant		Date			
Please email applicatio or mail to: TWE Weeke	ns to: <u>tweweekends</u> nds, P.O. Box 6148	<u>@gmail.com</u> 5, Virginia Beacl	n, VA 23	466-1485	
EMMAUS USE ONLY:					
Application Received Selected to serve on TW Notes:	Pay	/ment Received _ Yes / No			