

## EMMAUS TEAM VOLUNTEER SHEET

Please complete the following and turn it in or mail to: Grace Emmaus Community of Kentucky, Vickie Stephenson, PO Box 320, Frakes KY 40940 if you want to serve on a walk. PLEASE PRINT LEGIBLY.

NAME \_\_\_\_\_ WALK# \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work

CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ MINISTER \_\_\_\_\_

### REUNION GROUP INFORMATION:

NAME \_\_\_\_\_ DAY / TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

Where would you be willing to serve on a team? Check ALL that apply.

EMMAUS \_\_\_\_\_ CHRYSALIS \_\_\_\_\_ REC (prison) \_\_\_\_\_  
 KITCHEN \_\_\_\_\_ DINING ROOM COORD. \_\_\_\_\_ AGAPE \_\_\_\_\_ SPEAKER \_\_\_\_\_ TABLE LEADER \_\_\_\_\_  
 ASST. LAY DIRECTOR \_\_\_\_\_ LAY DIRECTOR \_\_\_\_\_ CLERGY \_\_\_\_\_ PRAYER TEAM \_\_\_\_\_  
 MUSIC \_\_\_\_\_ IN MUSIC I CAN \_\_\_\_\_

Please check ALL the times you are available to serve:

SPRING \_\_\_\_\_ FALL \_\_\_\_\_

**EMMAUS TEAM EXPERIENCE:** Please indicate the Emmaus Walk # beside the areas in which you have served. If you have Chrysalis or REC team experiences, please list those on the back of this form.

Priority _____	Lay Director _____
Prevenient Grace _____	Asst. Lay Director _____
Priesthood _____	Logistics Coord. _____
Justifying Grace _____	Agape Coord. _____
Life in Piety _____	Kitchen Coord. _____
Growth Through Study _____	Music _____
Means of Grace _____	Table Leader _____
Christian Action _____	Asst. Table Leader _____
Obstacles to Grace _____	Agape _____
Discipleship _____	Kitchen _____
Changing Our World _____	Dining Room Coord. _____
Sanctifying Grace _____	Floater _____
Body of Christ _____	Spiritual Director _____
Perseverance _____	Asst. Spiritual Director _____
Fourth Day _____	Clean Up _____