

**WALK TO EMMAUS VOLUNTEER FORM**  
**New Covenant Emmaus Community**

Date Submitted: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Sex M  F  Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Bus phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Marital Status \_\_\_\_\_ Spouse name \_\_\_\_\_ E-mail address \_\_\_\_\_  
Name of your Church \_\_\_\_\_ Emmaus Event you attended \_\_\_\_\_  
Walk Number and location \_\_\_\_\_  
Are you presently involved in a weekly reunion group? \_\_\_\_\_ Name of reunion group \_\_\_\_\_

**Areas in which you would most like to serve:**

Committees \_\_\_\_\_  
(agape, worship, meal service, refreshments, prayer chapel, logistics, 72 Hr prayer vigil, sponsor's hour/  
candlelight /closing, photographer, entertainment, housing & registration)  
Conference Room \_\_\_\_\_  
(Note whether you are willing to give a talk) Yes  No   
Music \_\_\_\_\_  
(note instruments you play, if any)  
Previous team experience: \_\_\_\_\_  
(Positions held, date served and Walk number)

**Emergency Contact Information:**

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Medical Information**

Special health considerations/Allergies, etc. \_\_\_\_\_  
Medications \_\_\_\_\_  
Are you on a special diet or vegetarian? Describe \_\_\_\_\_

**First Aid Training**

Are you currently certified to administer CPR, a registered nurse, a physician, or other health care professional? Please describe \_\_\_\_\_

Will you make a commitment to 20+ hours of team preparation and team meeting attendance over a six to eight week period? \_\_\_\_\_

Are you able to meet the financial obligation associated with serving on a team? (\$125 in conference room, min \$16 outside conference room) \_\_\_\_\_

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MAIL YOUR COMPLETED FORM TO: **New Covenant Emmaus Community**

**ATTN: Registrar**  
**P.O. Box 442**  
**Ardmore, TN 38449**

**Or email to: [Registrar@newcovenantemmaus.com](mailto:Registrar@newcovenantemmaus.com)**

\*All volunteer forms are entered into the New Covenant Database and reviewed by the Board and New Covenant Team Selection Committee. After the review, volunteers for selected walks will be notified by Walk Lay Directors or Community Board Members. Volunteers may serve only one NCEC Fall (Men or Women, not both) and one spring walk (Men or Women, not both) per year. **If** serving on a team with a team member under the age of 18 a background check must be done on the team members for sexual harassment and sexual predator. I agree to allow a background check. Yes \_\_\_\_\_ No \_\_\_\_\_