

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: _____ Work Phone: _____ Cell Phone: _____

Marital Status: _____ Spouse name: _____

E-mail address: _____

Name of your Church: _____ Three Day 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: _____

(72 hour prayer vigil, Agape, Clean Up, Community Events, Entertainment, Housing & Registration, Logistics, Meal Service, Photographer, Refreshments, Speakers Prayer Chapel, Worship)

Conference Room: _____

(Table Leader, Asst. Table Leader, Asst. Lay Director, Lay Director, Clergy, Media, Music/ list what Instrument _____ Vocalist only _____)

Are you 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? (Conference Room Team is \$175 – Support Team is \$20 to \$175 depending on if you stay at the camp and eat meals) _____

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

ATTN: Registrar

P.O. Box 442

Ardmore, TN 38449

Or email to: Registrar@newcovenantemmaus.com

*All volunteer forms are entered into the New Covenant Database and reviewed by the Board Of Directors and the 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 all team members for sexual harassment and sexual predator. I agree to allow a background check. Yes No