

FACE TO FACE VOLUNTEER FORM

New Covenant Emmaus Community

Date Submitted: _____

Personal Information:

Name: _____ Sex: M F D of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: _____ Spouse name: _____

E-mail address: _____

Name of your Church: _____

Walk/Encounter Number and location you attended: _____

Are you presently involved in a weekly reunion group? _____ Name of reunion group: _____

Areas in which you would most like to serve:

Committees: _____

(Agape, Logistics, Photographer, Refreshments, Speakers Prayer Chapel,)

Conference Room: _____

(Table Leader, Lay Director, Coach, Clergy, Media, Music/ Vocalist only _____)

Music: (note instruments you play, if any) _____

Are you willing to give a talk? Yes No

Previous team experience: _____

_____ (Positions held, date served and Encounter/walk number)

Emergency Contact Information:

Contact: _____ Relationship: _____ Home: _____ Cell: _____

Medical Information:

Special health considerations/Allergies, etc.: _____

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 approx. 20 hours of team preparation and team meeting attendance over a 3 to 4 day period? _____

Are you able to meet the financial obligation associated with serving on a team? \$30 team fee

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's files and reviewed by the Board Of Directors and the New Covenant Team Selection Committee. After the review, volunteers for selected Encounters will be notified by Face to Face Lay Directors or Community Board Members. Volunteers may serve on Encounter events if team meetings and events are not overlapping. **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