



El Shaddai Emmaus Community
San Bernardino and Riverside Counties
PO Box 12081 San Bernardino, CA 92423

El Shaddai Emmaus Team Application

All information included in this application is for private use only by the El Shaddai Emmaus Board of Directors

Please print or type unless otherwise noted –Fill in both sides completely

I wish to be considered for: Men’s team ____ Women’s Team ____ Clergy Team ____

Name: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Church: _____

Denomination: _____

When and where was Emmaus/Curisillo weekend? _____

State briefly why you want to work on the Emmaus Team

What talents or interests would you be willing to offer for use on an Emmaus weekend?

Please list any musical instrument(s) you play: _____

Please indicate talks you have given and positions that you have served in on previous weekends, including Emmaus. Please mark with the number of times the talk was given or the position was held.

Chrysalis Talks:	Emmaus Talks:	Chrysalis Positions:	Emmaus Positions:
<input type="checkbox"/> Ideals <input type="checkbox"/> God Designed You <input type="checkbox"/> Faith <input type="checkbox"/> God Loves You, <input type="checkbox"/> Prodigal Son <input type="checkbox"/> Communication <input type="checkbox"/> Christian Growth <input type="checkbox"/> God’s Gift to You <input type="checkbox"/> Marriage <input type="checkbox"/> God Sustains You <input type="checkbox"/> Christian Action <input type="checkbox"/> Single Life <input type="checkbox"/> God Empowers Us <input type="checkbox"/> Priesthood of Believers <input type="checkbox"/> Next Steps	<input type="checkbox"/> Priorities <input type="checkbox"/> Prevenient Grace <input type="checkbox"/> Priesthood of all Believers <input type="checkbox"/> Justifying Grace <input type="checkbox"/> Life in Piety <input type="checkbox"/> Growth Through Study <input type="checkbox"/> Means of Grace <input type="checkbox"/> Christian Action <input type="checkbox"/> Obstacles to Grace <input type="checkbox"/> Discipleship <input type="checkbox"/> Changing our World <input type="checkbox"/> Sanctifying Grace <input type="checkbox"/> Body of Christ <input type="checkbox"/> Perseverance <input type="checkbox"/> Fourth Day	<input type="checkbox"/> Lay Director <input type="checkbox"/> Adult Asst. Lay Director <input type="checkbox"/> Youth Asst. Lay Director <input type="checkbox"/> Head Spiritual Director <input type="checkbox"/> Spiritual Director <input type="checkbox"/> Head Table Leader <input type="checkbox"/> Table Leader <input type="checkbox"/> Head Musician <input type="checkbox"/> Musician <input type="checkbox"/> Kitchen Coordinator <input type="checkbox"/> Asst. Kitchen Coordinator <input type="checkbox"/> Cook <input type="checkbox"/> Logistics Coordinator Y/A <input type="checkbox"/> Agape Coordinator Y/A <input type="checkbox"/> Agape <input type="checkbox"/> Prayer Coordinator Y/A <input type="checkbox"/> Candlelight Dinner Server <input type="checkbox"/> Head Angel <input type="checkbox"/> Board Representative	<input type="checkbox"/> Lay Director <input type="checkbox"/> Asst. Lay Director <input type="checkbox"/> Head Spiritual Director <input type="checkbox"/> Spiritual Director <input type="checkbox"/> Head Table Leader <input type="checkbox"/> Table Leader <input type="checkbox"/> Head Musician <input type="checkbox"/> Musician <input type="checkbox"/> Head Cook <input type="checkbox"/> Asst. Head Cook <input type="checkbox"/> Cook <input type="checkbox"/> Head Agape <input type="checkbox"/> Agape <input type="checkbox"/> Angel <input type="checkbox"/> Board Representative

Please list any Kairos positions you have served in or talks you have given on Kairos or Kairos Outside weekends: _____

Do you have any health problems we should be aware of: Yes ____ No ____

If yes, please specify: _____

Are there any other concerns we should be aware of? Please explain:

Emergency Contacts

All applicants please provide the name and number of an emergency contact:

Name of person(s) being called: _____

Relationship to applicant _____ Phone: (____) _____

Cell phone: (____) _____ Pager: (____) _____

Required Signatures/Information

I agree that if I am selected to be on the team, I will attend team training and be present for the entire weekend, with the exception of emergencies. I understand that I may be dropped from the team if I cannot fulfill this commitment.

Applicant's Signature: _____ Date: _____

Team Information

- ❖ Suggested team fee donation of \$55 will be used to offset the cost of the weekend. While no record is kept of donations all are welcome.
- ❖ Make checks payable to: El Shaddai Emmaus
- ❖ Mail application and payment to:

El Shaddai Emmaus Registrar
PO Box 12081
San Bernardino, CA 92423