

**TEAM MEMBER APPLICATION**

**Return to: Western MT Walk to Emmaus  
P.O. Box 7676  
Missoula MT 59807**

**Office Use Only: Date received** \_\_\_\_\_

**Team position** \_\_\_\_\_

**Prayer Partner** \_\_\_\_\_

**Walk Number** \_\_\_\_\_

**Fee Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_

**WESTERN MONTANA WALK TO EMMAUS**

The Lay Director, Spiritual Director, and the Team Selection Committee would like the following information to help select team members for the upcoming Walk to Emmaus. Please fill out both sides of the application. Thank you!

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Preferred name if different)

\_\_\_\_\_  
(Address) (City, State, Zip) (Email Address)

Phone Numbers: \_\_\_\_\_  
(Home) (Work) (Cell)

Denomination: \_\_\_\_\_ Church: \_\_\_\_\_

When and where did you make your Walk to Emmaus/Cursillo/Journey? Date: \_\_\_\_\_

Location: \_\_\_\_\_

Do you have any health problems, handicaps, or other special needs we should be aware of? \_\_\_\_\_

List any medical expertise you have (CPR, EMT, RN, etc.) \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(Home) (Work) (Cell)

Will you commit to attendance at all team meetings? YES NO

Please indicate your previous experience in working weekends:

<i>Position</i>	<i># of times</i>	<i>Position</i>	<i># of times</i>
Lay Director/ Rector	_____	Welcoming Committee	_____
Asst. Lay Director/ Vice Rector	_____	Cookie/Veggie Chairman	_____
Music	_____	Prayer Vigil Chairperson	_____
Table Leader/Asst Table Leader	_____	Agape/Palanca Chairperson	_____
Talks	_____	Agape/Palanca committee person	_____
Priorities/Ideals	_____	Candlelight Coordinator	_____
Priesthood of all Believers	_____	Kitchen Captain	_____
Laity	_____	Kitchen Co-Captain	_____
Piety	_____	Kitchen Spiritual Director	_____
Study	_____	Kitchen Team Member	_____
Action	_____	Kitchen Music	_____
Discipleship/Leaders	_____	Angel Crew	_____
Changing our World/Environment	_____	Resale Table	_____
Body of Christ/Community	_____	Set-up/Tear down committee	_____
Perseverance	_____	Logistics	_____
Fourth Day /Group Reunion/Ultreyas	_____		

OTHER COMMENTS: \_\_\_\_\_

**TEAM MEMBER APPLICATION**

**WESTERN MONTANA WALK TO EMMAUS**

HOW MUCH OF GOD'S GIFT OF TIME AM I RETURNING?  
CURRENT PERSONAL SPIRITUAL INVOLVEMENT INVENTORY

**FOURTH DAY ACTIVITIES**

Walk Gatherings/Ultreyas – # Attended per year: \_\_\_\_\_ Spoke/Helped: \_\_\_\_\_  
4<sup>th</sup> Day Group/Small Groups/Group Reunion – Do you regularly attend one? \_\_\_\_\_  
Leaders School, Core Groups, Secretariat, etc. \_\_\_\_\_  
Walk to Emmaus/Cursillo functions (secretarial, organizational, etc) \_\_\_\_\_

**EDUCATIONAL AND/OR ENRICHMENT ACTIVITIES ATTENDED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GROW THROUGH STUDY -SPIRITUAL SELF IMPROVEMENT BOOKS, MAGAZINES, TAPES, VIDEOS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER AREAS OF PERSONAL GROWTH (SELF-IMPROVEMENT ACTIVITIES, CLASSES, SKILLS LEARNED, COMMUNITY SERVICE, ETC):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEE:** The \$110 participation fee must be paid prior to or at the beginning of the weekend. A partial or full fee waiver may be requested if participation would otherwise be a financial hardship. Fee waiver requests should be made to the Lay Director at the time the application is submitted.

Amount enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Fee Waiver Request \$ \_\_\_\_\_  
Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_