



Sonvalley Emmaus

Volunteer Application Form - 2024



Please scan & send your completed form to Team Selection Committee via E-mail: team.selection@sonvalley.emsa.org.za

I WOULD LIKE TO BE A SERVANT ON THIS YEARS EMMAUS WALK	Dates	Tick
Men's Emmaus Walk # 163	12th – 15th September 2024	
Ladies Emmaus Walk #164	19th – 22nd September 2024	

TO BE COMPLETED BY THE APPLICANT

Name & Surname					
Email address					
Home phone no			Facebook	Yes	No
Cell phone no			Gender	Male	Female
Date of birth (dd/mm/yy)			Age		
Postal Address					
Marital Status					
Church attended					
Briefly state your current Church involvement & ministry areas					
Please specify any conditions that might affect your Emmaus Walk i.e. health concerns, handicaps, medication or dietary requirements etc.					
Signature of Applicant:			Date:		

Emmaus or any associated organization does not take any responsibility for any loss or injury during the weekend

INDICATE HOW MANY TIMES YOU HAVE SERVED ON TEAM IN THE FOLLOWING CAPACITY

It is very important for the Team Selection Committee to know how many times you have served on Team in the following capacity:

Support Team		Prayer Chapel		Support Team Coordinator	
Music Team		Board Rep		Support Team Coordinator 2IC	
Assistant Table Leader		Assistant Lay Director		Technical	
Table Leader		Lay Director			

TEAM FORMATION (TRAINING DATES) FOR ALL WALKS WILL BE ON SATURDAYS (VENUES TO BE ADVISED):

I commit to attend all training dates below and will accept and be obedient to the authority and discipline under which I serve:	
20 th July 2024 (Orientation) half day	
3 rd August 2024	
17 th August 2024	

PLEASE INDICATE WHAT MUSICAL INSTRUMENTS YOU PLAY

Please indicate whether you are able to sing/not sing and which musical instruments you are able to play

I do sing	
I do not sing	
I play the following instruments:	

TO BE COMPLETED BY THE MINISTER, PASTOR OR PRIEST

I declare that the applicant is a member in good standing of my church and is aware of the commitment required to serve on and Emmaus team and support his/her application

Minister/Pastors Full name		Church	
Email address		Telephone no	
Signature		Date	

It is essential to get your minister to approve and sign. No forms will be accepted without this.



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DECLARATION TO SERVE ON AN EMMAUS TEAM

I hereby volunteer in the relevant servant capacity that Team Selection Committee prayerfully consider placing me.
I will attend all the Team formations and meetings as indicated above.
I am aware that my attendance at these events is necessary and secures me as part of the Team, with my arrival at eMseni on the Emmaus weekend starting on the Thursday at 08:30 and will finish on Sunday at 17:00 with packing up.
I commit to attend the "Post Walk Reunion".
I commit to participate in prayer for the pilgrims and team members serving on the Emmaus weekend.
I will accept and be obedient to the authority and discipline under which I serve.
I am not aware of any spiritual or moral issue in my life that will prevent me from being a faithful witness of Jesus Christ whilst serving on Emmaus.
I will pay the required fee in the given bank account with my First name and Surname as reference. Note 50% of team fees are to be paid by 1 st training day and outstanding balance no later than the last training day. If your team fees are not paid by this time, you will be asked to step down from the walk.

MY EMMAUS/ALARGA/CHRYSALIS HISTORY IS AS FOLLOWS:

Please indicate your Emmaus/Alarga/Chrysalis history for info/database update: Use a separate piece of paper if needed.

Pilgrim Walk number:

Previous talk/s given:

PRACTICAL STEPS TO FOLLOW ONCE FORM HAS BEEN COMPLETED:

- 1) Make sure that application form is FULLY COMPLETED AND SIGNED.
- 2) Make sure that your Minister/Pastor has completed declaration and signed your application form.
- 3) Make sure your completed and signed form is emailed to the Team Selection Committee by no later than 4th of July 2024

TO BE SIGNED BY APPLICANT

Full Name	
Signature	
Date	

COST OF THE WEEKEND

The Emmaus team fees for 2024 are R1450
 Payment can be made by deposit/EFT into the following Bank account:
 Son Valley Emmaus Community
 Standard Bank, Benoni
 Account no: 022419071 Branch code: 013042
 Reference: Name&Surname

FOR MORE INFORMATION, PLEASE CONTACT

Community Lay Director – Lee Elske
 082 433 9901
cld@sonvalley.emsa.org.za
Community Spiritual Director - Lafras Lombard
 079 881 6244
csd@sonvalley.emsa.org.za

TEAM SELECTION COMMITTEE USE ONLY:

WALK NUMBER:	
SERVANTS CAPACITY ALLOCATED:	
TALK GIVEN WHERE APPLICABLE:	