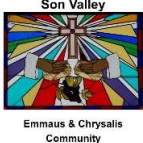
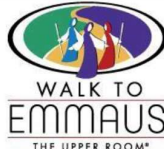


|                                                                                   |                                   |                                                                                    |
|-----------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------|
|  | <b>VOLUNTEER APPLICATION FORM</b> |  |
|                                                                                   | <b>SONVALLEY COMMUNITY</b>        |                                                                                    |

### DECLARATION TO SERVE ON A TEAM

I hereby volunteer to serve in the relevant servant capacity in which the Team Selection Committee may prayerfully consider placing me.

I will attend all team formations and meetings as indicated below.

I acknowledge that my attendance at these events is necessary and confirms my place as part of the team. I understand that my arrival at eMseni for the Chrysalis & Emmaus weekend will be on Thursday at 08:30, and that the weekend will conclude on Sunday at 17:00, including packing up.

I commit to attending the Post-Walk Reunion.

I commit to participating 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 would prevent me from being a faithful witness of Jesus Christ while serving on Emmaus.

I will pay the required fee into the designated bank account, using my first name and surname as the reference.

Note: Fifty percent (50%) of the team fees must be paid by the first training day, with the outstanding balance paid no later than the final training day. If the team fees are not fully paid by this time, I understand that I may be asked to step down from the walk.

| Tell us about you                                                                                                                                          |              |            |  |                     |        |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|--|---------------------|--------|------|
| <b>Name &amp; Surname</b>                                                                                                                                  |              |            |  |                     |        |      |
| <b>Date of Birth</b>                                                                                                                                       | (YYYY/MM/DD) | <b>AGE</b> |  | <b>GENDER</b>       | FEMALE | MALE |
| <b>Marital Status</b>                                                                                                                                      |              |            |  |                     |        |      |
| <b>Church Attending</b>                                                                                                                                    |              |            |  |                     |        |      |
| <b>Briefly state your current involvement &amp; areas of ministry</b>                                                                                      |              |            |  |                     |        |      |
| <b>Please specify any conditions that might affect your FULL participation on the event ie. Health, Handicaps, medication or dietary requirements etc.</b> |              |            |  |                     |        |      |
| <b>Allergies</b>                                                                                                                                           |              |            |  |                     |        |      |
| <b>Name of Doctor</b>                                                                                                                                      |              |            |  | <b>Contact #</b>    |        |      |
| <b>Medical Aid (provide copy of medical aid card)</b>                                                                                                      |              |            |  | <b>Membership #</b> |        |      |

|                                 |  |                  |  |
|---------------------------------|--|------------------|--|
| <b>Emergency Contact Person</b> |  | <b>Contact #</b> |  |
| <b>Alternative</b>              |  | <b>Contact #</b> |  |

| How do we get hold of you?            |  |                 |  |
|---------------------------------------|--|-----------------|--|
| <b>Email address</b>                  |  |                 |  |
| <b>Home Contact #</b>                 |  | <b>Mobile #</b> |  |
| <b>Do you use Facebook/Instagram?</b> |  |                 |  |

| Important Information  |                  |                           |                |                         |
|------------------------|------------------|---------------------------|----------------|-------------------------|
| Dates                  |                  |                           |                |                         |
| Chrysalis              | Orientation Date | 06-Feb-27                 | Training Dates | 26 - 28 February 2027   |
| Face to Face           |                  | 20-Feb-27                 |                | 27 Feb & 6 March 2027   |
| Emmaus                 |                  | 21-Aug-27                 |                | 4, 18 Sept & 2 Oct 2027 |
| Weekend Dates of Event |                  |                           |                |                         |
| Chrysalis              |                  | Face to Face              |                | Emmaus                  |
| 1 - 4 April 2027       |                  | 8, 10, 15 & 17 April 2027 |                | 14 – 17 October 2027    |

| Get hold of us                                         |                                                                        |
|--------------------------------------------------------|------------------------------------------------------------------------|
| For more information, contact                          |                                                                        |
| <b>Community Lay Director</b>                          | Stephen Hain<br>079-142-3727<br>cld@sonvalley.emsa.co.za               |
| <b>Community Assistant Lay Director - Chrysalis</b>    | Karin Allen<br>+27 79 529 9882<br>ald.chrysalis@sonvalley.emsa.org.za  |
| <b>Community Assistant Lay Director – Face to Face</b> | Tony Green<br>+27 83 633 5724<br>ald.facetoface@sonvalley.emsa.org.za  |
| <b>Community Assistant Lay Director - Emmaus</b>       | Peter Wilkinson<br>+27 84 850 7822<br>ald.emmaus@sonvalley.emsa.org.za |
| <b>Community Spiritual Director</b>                    | Stephen Hendricks<br>+27 82 804 5122<br>csd@sonvalley.emsa.co.za       |

| Tell us about your CHRYSALIS/ EMMAUS/ ENCOUNTER History             |  |                                |  |                               |  |
|---------------------------------------------------------------------|--|--------------------------------|--|-------------------------------|--|
| Previous Flight/<br>Walks or<br>Encounter<br>Numbers                |  |                                |  |                               |  |
| Previous Talks given – indicate with a tick                         |  |                                |  |                               |  |
| Chrysalis                                                           |  |                                |  |                               |  |
| Ideals                                                              |  | God Created You                |  | Faith                         |  |
| God Loves You                                                       |  | Prodigal                       |  | Walking with Christ           |  |
| Loving like Christ                                                  |  | God's Gift to You              |  | Faithful Love                 |  |
| God sustains You                                                    |  | Christian Action               |  | Discovering Gods Call         |  |
| God Empowers You                                                    |  | Next Steps                     |  |                               |  |
| Emmaus                                                              |  |                                |  |                               |  |
| Priority                                                            |  | Prevenient Grace               |  | Priesthood of all Believers   |  |
| Justifying Grace                                                    |  | Life of Piety                  |  | Growth Through Study          |  |
| Means of Grace                                                      |  | Christian Action               |  | Obstacles to Grace            |  |
| Discipleship                                                        |  | Change our World               |  | Sanctifying Grace             |  |
| Body of Christ                                                      |  | Perseverance                   |  | Fourth Day                    |  |
| F2F                                                                 |  |                                |  |                               |  |
| Priority                                                            |  | Prevenient Grace               |  | Priesthood of all Believers   |  |
| Justifying Grace                                                    |  | Life of Piety                  |  | Means of Grace                |  |
| Christian Action                                                    |  | Obstacles to Grace             |  | Discipleship                  |  |
| Change our World                                                    |  | Sanctifying Grace              |  | Body of Christ                |  |
| Coping in tough times                                               |  | Perseverance in the next day   |  |                               |  |
| How many times have you worked in these roles?                      |  |                                |  |                               |  |
| Support Team                                                        |  | Prayer Chapel                  |  | Support Team Co-ordinator     |  |
| Music Team                                                          |  | Board Representative           |  | Support Team Co-ordinator 2IC |  |
| Assistant Table Leader                                              |  | Assistant Lay Director/ Leader |  | Peer Leader                   |  |
| Table Leader                                                        |  | Lay Director/ Leader           |  |                               |  |
| Please indicate if you can play a musical instrument                |  |                                |  |                               |  |
| Can sing                                                            |  | Cannot sing                    |  |                               |  |
| Proficient in playing the following musical instruments (list them) |  |                                |  |                               |  |
|                                                                     |  |                                |  |                               |  |

| Signature of Commitment                                                                                |  |                    |  |
|--------------------------------------------------------------------------------------------------------|--|--------------------|--|
| This is to be completed by either your Minister/ Pastor/ Priest who you are spiritually accountable to |  |                    |  |
| Full Name                                                                                              |  | Church             |  |
| Contact details                                                                                        |  | Date and signature |  |

| Signature of Commitment from YOU the volunteer  |  |                          |      |
|-------------------------------------------------|--|--------------------------|------|
| Before you sign make sure the form is completed |  |                          |      |
| Full Name                                       |  | Agree to the Declaration | Tick |
| Date                                            |  | Signature                |      |

| Last but not least  |                                                                                                                   |                 |                                         |
|---------------------|-------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|
| Cost of the Weekend | <b>Chrysalis: R1850</b> <small>excl Police Clearance</small><br><b>Face to Face: R550</b><br><b>Emmaus: R2200</b> | Banking Details | SonValley Emmaus Community              |
|                     |                                                                                                                   |                 | Standard Bank Benoni                    |
|                     |                                                                                                                   |                 | Account Number 022419071                |
|                     |                                                                                                                   |                 | Reference Number on EFT: Name & Surname |
| Date                |                                                                                                                   | Signature       |                                         |

Great, now send your completed form and a copy of the POP to [team.selection@sonvalley.emsa.org.za](mailto:team.selection@sonvalley.emsa.org.za) so that they can start the process.

| Team Selection Committee |          |
|--------------------------|----------|
| Event #                  | Position |
|                          |          |