

CLERGY VOLUNTEER SHEET
 (Check all you are willing to work)

Emmaus _____ Chrysalis _____ YAC _____ REC _____

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email _____ Male _____ Female _____

Are you currently in a pastoring position?
 Lead, Associate, Youth, Assistant, campus, children, etc
 (Please circle position, fill in blank for etc.) _____

Church you currently serve/attend _____

City/State of Church: _____ Church Phone _____

Person in leadership who may be contacted: _____ Phone _____

Date of Ordination/License: _____ Performed by: _____

Upon Request, can you provide a copy of ordination certificate? _____

Date of Clergy Training: _____ Trained by: _____

Place and number of walk/flight you attended: _____

Are you currently active in a Reunion Group? YES/NO

Name of Reunion group, meeting place and time _____

Please mark any area you are willing to serve:

- | | |
|------------------------------------|------------------------------|
| _____ Spiritual Director | _____ Prayer Team |
| _____ Assistant Spiritual Director | _____ Music Team |
| _____ Agape Team | _____ Board Rep(If on Board) |
| _____ Kitchen Team | _____ Special Music |
| _____ Dining Room Team | _____ Logistics Coordinator |

Mark Talks you have given:

- | | |
|--------------------------------|-------------------------|
| _____ Prevenient Grace | _____ God Designs You |
| _____ Justifying Grace | _____ God Loves You |
| _____ Means of Grace | _____ God's Gift to you |
| _____ Sanctifying Grace | _____ God Sustains You |
| _____ Obstacles to Grace | _____ God Empowers You |
| _____ Other Emmaus Talks _____ | |

Please Mark the areas you have served on an Emmaus/Chrysalis Team:

- _____ Spiritual Director/Assistant
 _____ Lay Director/Assistant
 _____ Table Leader/Assistant
 _____ Music Team
 _____ Agape Team
 _____ Prayer Team
 _____ Kitchen/Dining Room Team

Please complete and Mail to:
Campbellsville Emmaus Volunteer Sheet
P.O. Box 4155
Campbellsville, KY 42719

>>>>>>> **OVER** <<<<<<<



EMMAUS MINISTRIES TEAM APPLICATION FORM

(for Clergy only)

Applicant's Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apt/Unit #

City

State

Zip Code

Phone: _____ Email: _____

Motivation

Why do you desire to be a Spiritual Director on an Emmaus Ministries team? _____

How do you see the Emmaus Ministries impacting the local church and the world? _____

Fourth Day Ministries experience

What Emmaus Ministries retreat have you attended (Walk to Emmaus, Chrysalis, Face to Face, Journey to the Table)? Indicate event and year _____

What other 4th Day ministry have you participated in (e.g. Kairos, Tres Dias, via de Cristo, Cursillo)? Indicate event and year. _____

■ If you are selected to be an Emmaus Ministries Spiritual Director, will you:

- join the Community Board of Directors in living into its covenant with the Upper Room Ministries? _____
- work within the provided structure? e.g. use the provided outline to prepare your talk, follow time limits, preview the talk with the team and give the same talk on weekend?

■ "Serving in Emmaus Ministries is a privilege, not a right." What are your thoughts on this statement? _____

■ Are you presently a member of a small / accountability group? _____

Ordination/Licensing

■ High School: _____

Name

City

State

From: _____ To: _____ Did you graduate? () Yes No ()

■ College/University: _____

Name

City

State

From: _____ To: _____ Degree: _____

■ Seminary/Divinity School : _____

Name

City

State

From: _____ To: _____ Degree: _____

■ Other: _____

Name

City

State

From: _____ To: _____ Degree: _____

■ Are you ordained/licensed in the process of being ordained/licensed? If in process, please explain and provide proof _____

■ When were you ordained/licensed? _____ Please provide proof of licensing/ordination

■ Ordaining/licensing body: _____

Name

■ To what church/denomination/agency are you currently accountable?: _____

■ What is your role? Local Pastor, Elder ... _____

■ Does this church/denomination/agency authorize you for the service of Holy Communion?

_____ Provide proof

■ In what context is the authorization valid? _____

Documents to be provided:

- Proof of ordination/licensing
- Proof of authorization for the service of Holy Communion
- A statement of good standing from your denomination or overseeing authority

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

if this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____