



**SKYLANDS WALK TO EMMAUS TEAM APPLICATION**

To be held on file for one year:

**Forward to: Ms. Anne Spear  
Team Selection Chair  
40 East Main Street  
Sussex, N.J. 07461**

**Phone: 973-459-2669 or e-mail raggedyanne7@yahoo.com**

**Please fill out completely**

**Check type of team applying for:**

**Men's team - Lay  Clergy**

**Women's team - Lay  Clergy**

**Preference - Spring  Fall**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:**

\_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Birth Date:**

\_\_\_\_\_

**Church & Denomination:**

\_\_\_\_\_

**Reunion/Accountability Group Name & Location:**

\_\_\_\_\_

**Date, type & location of your Emmaus or other 4th Day weekend:**

\_\_\_\_\_

**Date & location of attendance at Fourth Day Insights training:**

\_\_\_\_\_

**Married Yes  No  If Yes, do you and your spouse prefer to serve together   
or separately**



Indicate below the number of times you have held any of the following positions on team:

Agape Assistant		Agape Lead		Musician		Spiritual Director	
Assistant Table Leader		Table Lead		Lead Musician		Asst. Spiritual Director	
Asst. Lay Director		Lay Director		Designated Board Rep.			

Indicate below the number of times you have given any of the following talks on a weekend:

Priorities		Prevenient Grace		Priesthood of All Believers		Justifying Grace		Life in Piety	
Growth Through Study		Means of Grace		Christian Action		Obstacles to Grace		Discipleship	
Changing Our World		Sanctifying Grace		Body of Christ		Perseverance		Fourth Day	

List any musical instruments you play: \_\_\_\_\_

Please note any other talents or gifts you would allow God to use for the Walk to Emmaus: \_\_\_\_\_

Please list any dietary restrictions or physical limitations to be considered: \_\_\_\_\_

Everyone who wishes to serve on team must be willing to commit to four all-day Saturday team meetings and the three-day weekend. You will be asked to pay the weekend fee of \$300.00 to cover costs of food and lodging. Scholarship funds are not available for team members, however each application will be reviewed to see if any accommodations can be made.



**SKYLANDS WALK TO EMMAUS**  
**TEAM MEMBER LOAN AGREEMENT**

**It is the policy of the Skylands Walk to Emmaus Community that all team members are responsible for full payment of all team fees by the 4 team formation meeting. If the team member is unable to pay in full at that time the team member will enter into this loan agreement whereby the member agrees to pay all team fees within 6 months of the end of their Walk date.**

**To make this financial obligation easier for you to repay, your payments can be made on a monthly basis.**

**Based on your up-front deposit (minimum \$50), your monthly payment is calculated as follows:**

**Deposit: (Minimum \$50.) \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_**

**Your monthly payment would be: \$ \_\_\_\_\_.**

**Please send your payments to:**

**Mr. Jack Scharf 28 Cross Road**

**Morris Plains, N.J. 07950**

**Team Member Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**DBR Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**The DBR will keep a record of this agreement and send the original signed form to the Community Treasurer who will keep a log of payments received. The Treasurer will report to the Board of Directors on the status of these loan agreements and payments received.**