



## GLORIOSA EMMAUS COMMUNITY

Team Volunteer Form for Face-Face 2024

I would like to volunteer to work on a Face-to-Face Encounter  
 Please complete this form and email to: [registrar@gloriosa.emsa.org.za](mailto:registrar@gloriosa.emsa.org.za)  
 PLEASE NOTE THAT TEAM MEMBERS FOR A FACE-TO-FACE ENCOUNTER NEED TO BE AGE APPROPRIATE  
 (Note: Members younger than 60 years old may be considered for Support Team duties)

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

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

Dietary requirements for medical reasons:

I was a Pilgrim on Walk no, Flight no, Encounter no. # \_\_\_\_\_ in \_\_\_\_\_ Community

**Venue: Valley Methodist Church**

Date of birth: DD/ MM/ YYYY

Encounter 9 April	Encounter 11 April	Encounter 16 April	Encounter 18 April
----------------------	-----------------------	-----------------------	-----------------------

**Indicate how many times you have served on an  
 Emmaus, Face-to-Face or Chrysalis Team in  
 each Portfolio**

**THE TEAM FORMATIONS ARE COMPULSORY**  
 Dates: 2, 16, 23 March and 6 April

Lay Director (LD)	
Spiritual Director (LD)	
Assistant Lay Director/Coach	
Prayer Chapel	
Support Team/ Logistics Coordinator	
Music team	
Table/Assistant Table Leader	
Kitchen Coordinator/ Kitchen Leader	
Festive Supper	
Support Team	
Flowers	
Entertainment	
Photographer	
Agape Coordinator/ Leader	
Board Representative	
Media Leader	
Logistics Coordinator	
First Aid Assistant	

**Fee:** Donation

**DECLARATION:**

1. I will accept and be obedient to the authority and discipline under which I serve.
2. I am not aware of any spiritual or any moral issue in my life that will prevent me from being a faithful witness of Jesus Christ whilst serving on a Face-to-Face Encounter.
3. I can attend all training meetings and pay my fees in full by the last training day.
4. I can attend the Encounter on a Tuesday and Thursday for two consecutive weeks as scheduled.

**ALL FEES TO BE PAID BEFORE  
 START OF THE WALK**  
**Proof of payment to be emailed to  
[finance@gloriosa.co.za](mailto:finance@gloriosa.co.za)**  
**No Cash payments will be accepted**

Signature of Volunteer

Account: EMSA - Gloriosa  
 Bank: First National Bank  
 Acc No: 55150034996 Branch: 252145 (Hatfield) Ref:  
 Name, Surname, Team, Walk# (e.g. Joe Soap Team#) **INDICATE**

**WHICH TALKS YOU HAVE DONE**

Do you have good computer skills? YES/NO

I am prepared to serve as an angel only. Day & Times available: \_\_\_\_\_

- NOTE:**
1. If you are working on TEAM, you may not consider sponsoring a pilgrim.
  2. You may not serve in Conference Team if you have a close family member as a pilgrim
  3. Team members are selected by a sub-committee of the Board & will be informed by the LD as to what role they will fulfil on the Walk
  4. Volunteers are expected to attend a TEAM COMMISSIONING SERVICE which will take place at a Gloriosa Community Gathering
  5. Gloriosa Emmaus Community or any associated organization does not take any responsibility for any loss or injury during the weekend.

Reunion Group Name: \_\_\_\_\_

Clergy's name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please note that your Clergy's signature is required for acceptance of this form**