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

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

Date of birth: DD/ MM/ YYYY

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

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	
Do you have good computer skills? YES/NO	

Venue: Valley Methodist Church

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

THE TEAM FORMATIONS ARE COMPULSORY

Dates: 2, 16, 23 March and 6 April

Fee: R400.00

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

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**

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