

MEMBER INFORMATION & TEAM VOLUNTEER FORM

Please correct details, add missing information and return form by post, fax or e-mail to:
Team Selector: zeldakr@gmail.com / Web Administrator: admin@protea-emmaus.org.za

NOTE: Completed form required to ensure that you stay on the mailing list and are considered for serving on a walk team.

Surname: _____ Initials: _____ Title: _____

Name by which you are called: _____ Birth Date: DD / MM / YYYY

Home Language: _____ Pilgrim Walk No. & Community: _____

Postal Address: _____

_____ Post Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Home Church: _____ Denomination: _____

Participation in Accountability Groups (eg. Reunion Group, Covenant Group, Bible Study Group, etc.) and Agape Gift Work Groups:

Accountability Group Member: _____ Group Name: _____

Agape Work Group Member: _____ Group Name: _____

I would like to serve on a Walk / Flight Team

Emmaus

Chrysalis

Alarga

Kairos

In the event of serving as part of MUSIC team please state the instrument

Expertise: _____

Team Experience in Protea Emmaus Community: _____

Team Experience in Other (Not Protea) Emmaus Communities: _____

Date: DD / MM / YYYY

Signature: _____