



APPLICATION FOR WALK/FLIGHT LAY DIRECTOR

I AM APPLYING FOR THE FOLLOWING: Emmaus Chrysalis

INFORMATION:

Name: _____ Gender: Male Female

Address: _____ Phone: H: _____ W: _____

City/State/Zip: _____ Cell: _____

Church Home: _____ Email: _____

I was a Pilgrim/Butterfly on: Emmaus/Chrysalis Walk/Flight # _____ in _____ Community

CHURCH / FOURTH DAY GROUP / REUNION GROUP INFORMATION:

Do you attend Church regularly? yes no Church name: _____

Address/City/St/Zip: _____

Denomination/Tradition: _____ Phone: _____

Pastor's Name: _____ Pastor's Signature: _____

Are you active in your Local Fourth Day Community? yes no

How many Community or Walk/Flight services have you attended in the last year?

Gatherings Sponsor's Hour Candlelight Closing

Are you active in a Weekly Reunion Group? yes no

Group Name: _____ Meeting Time/Location: _____

Please list your leadership qualities and experiences: _____

REFERENCES:

Name	Phone	Email
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

TEAM EXPERIENCE ON EMMAUS/CHRYSALIS/JOURNEY.

Please fill out as completely as possible. The event Lay Director’s experience should include serving on Emmaus weekends in the background and on the team in a variety of positions as outlined in the Upper Room Manuals. This team involvement will include serving as an experienced Assistant Lay Director, a New Assistant Lay Director, a Table Leader and an Assistant Table Leader. He/She should evidence a spiritual maturity and be actively involved in his/her local church and a Reunion Group. The Lay Director for the three days must commit to leading the Walk/Flight according to The Upper Room Emmaus model and under the authority of the Community Board.

Event	Date/Location	Role
Emmaus Chrysalis	Number: _____ Date: _____ Location: _____	Position: _____ Talk Given: _____ Lay Director: _____
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MEDICAL PERSONNEL ONLY: Occupation _____

If accepted to serve as a Walk/Flight/Journey/Encounter Lay Director, I commit to follow the Upper Room model and to abide by the policies and procedures set forth by the local Emmaus Fourth Day Community Board.

Applicant’s Signature: _____ Date: _____

**RETURN THIS FORM TO:
Kathy Shaw, 1400 Palm Valley Drive W. #5, Harlingen TX 78552**

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