Please scan & send your completed form to Team Selection Committee via E-mail before the 4th October 2024

: [team.selection@sonvalley.emsa.org.za](mailto:team.selection@sonvalley.emsa.org.za)

|  |  |  |
| --- | --- | --- |
| **I WOULD LIKE TO BE A SERVANT ON THIS YEAR’S FACE TO FACE ENCOUNTER** | **Dates** | **Tick** |
| Face to Face Encounter March 2025 | 12, 15, 19 & 22 March 2025 |  |

# TO BE COMPLETED BY THE APPLICANT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Surname |  | | |  |  |
| Email address |  | | |  |  |
| Home phone no |  | | Facebook | Yes | No |
| Cell phone no |  | | Gender | Male | Female |
| Date of birth (dd/mm/yy) |  | | Age |  |  |
| Postal Address |  | | |  |  |
| Marital Status |  | | |  |  |
| Church attended |  | | |  |  |
| Briefly state your current Church involvement & ministry areas |  | | |  |  |
| Please specify any conditions that might affect your Face to Face Encounter i.e. health concerns, handicaps, medication or dietary requirements etc. |  | | |  |  |
| Signature of Applicant: |  | Date: | |  |  |

Emmaus or any associated organization does not take any responsibility for any loss or injury during the weekend

**INDICATE HOW MANY TIMES YOU HAVE SERVED ON TEAM IN THE FOLLOWING CAPACITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **It is very important for the Team Selection Committee to know how many times you have served on Team in the following capacity:** | | | | |  |
| Support Team | |  | Prayer Chapel |  | Support Team Coordinator |  |
| Music Team | |  | Board Rep |  | Support Team Coordinator 2IC |  |
| Assistant Table Leader | |  | Assistant Lay Director |  | Technical |  |
| Table Leader | |  | Lay Director |  |  |  |

**TEAM FORMATION (TRAINING DATES) FOR ALL WALKS WILL BE ON SATURDAYS (VENUES TO BE ADVISED):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I commit to attend all training dates below and will accept and be obedient to the authority and discipline under which I serve:** | | | | | |
| 25th January 2025 (Orientation) | | | |  | |
| 8th February 2025 | | | |  |
| 15th February 2025 | | | |  |
| 22nd February 2025 | | | |  |
|  | | | |  |
| **PLEASE INDICATE WHAT MUSICAL INSTRUMENTS YOU PLAY** | | | | |
| **Please indicate whether you are able to sing/not sing and which musical instruments you are able to play** | | | | |
| I do sing | | | |  |
| I do not sing | | | |  |
| **I play the following instruments:** | | | | |
| **TO BE COMPLETED BY THE MINISTER, PASTOR OR PRIEST** | | | | |
| **I declare that the applicant is a member in good standing of my church and is aware of the commitment required to serve on and Face to Face team and support his/her application** | | | | | |
| Minister/Pastors Full name |  | Church |  | | |
| Email address |  | Telephone no |  | | |
| Signature |  | Date |  | | |

It is essential to get your minister to approve and sign. No forms will be accepted without this.

## DECLARATION TO SERVE ON AN FACE TO FACE ENCOUNTER TEAM

|  |
| --- |
| I hereby volunteer in the relevant servant capacity that Team Selection Committee prayerfully consider placing me. |
| I will attend all the Team formations and meetings as indicated above. |
| I am aware that my attendance at these events is necessary and secures me as part of the Team, with my arrival at the venue on the relevant days and assisting as required. |
| I commit to attend the “Post Walk Reunion’. |
| I commit to participate in prayer for the pilgrims and team members serving on the Face to Face Encounter. |
| I will accept and be obedient to the authority and discipline under which I serve. |
| I am not aware of any spiritual or moral issue in my life that will prevent me from being a faithful witness of Jesus Christ whilst serving on Face to Face Encounter. |
| I will pay the required fee in the given bank account with my First name and Surname as reference. Note 50% of team fees are to be paid by 1st training day and outstanding balance no later than the last training day. If your team fees are not paid by this time, you will be asked to step down from the walk. |

MY EMMAUS/ALARGA/CHRYSALIS HISTORY IS AS FOLLOWS:

|  |  |
| --- | --- |
| **Please indicate your Emmaus/Alarga/Chrysalis history for info/database update: Use a separate piece of paper if needed.** | |
| Pilgrim Walk number: |  |
| **Previous talk/s given:** | |
|  | |
|  | |

|  |
| --- |
| PRACTICAL STEPS TO FOLLOW ONCE FORM HAS BEEN COMPLETED: |
| 1. Make sure that application form is FULLY COMPLETED AND SIGNED. 2. Make sure that your Minister/Pastor has completed declaration and signed your application form. 3. Make sure your completed and signed form is emailed to the Team Selection Committee by no later than 4th October 2024 |

# TO BE SIGNED BY APPLICANT

|  |  |
| --- | --- |
| Full Name |  |
| Signature |  |
| Date |  |

**COST OF THE WEEKEND FOR MORE INFORMATION, PLEASE CONTACT**

|  |  |
| --- | --- |
| The Face to Face team fees for 2025 are R450  Payment can be made by deposit/EFT into the following Bank account:  Son Valley Emmaus Community Standard Bank, Benoni  Account no: 022419071 Branch code: 013042  Reference: Name&Surname | **Community Lay Director – Lee Elske**  082 573 3123  [cld@sonvalley.emsa.org.za](mailto:cld@sonvalley.emsa.org.za)    **Community Spiritual Director -** **Lafras Lombard**  079 881 6244  [csd@sonvalley.emsa.org.za](mailto:csd@sonvalley.emsa.org.za) |

**TEAM SELECTION COMMITTEE USE ONLY:**

|  |  |
| --- | --- |
| **ENCOUNTER NUMBER:** |  |
| **SERVANTS CAPACITY ALLOCATED:** |  |
| **TALK GIVEN WHERE APPLICABLE:** |  |