

Pathway East Georgia  
Walk to Emmaus  
The Servant's Entrance  
Volunteer Sheet

I am volunteering to work the following weekend(s):  
Men's #18 – April 15 - 18, 2010  Women's #18 – April 22 - 25, 2011   
Men's #19 – October 14 - 17, 2010  Women's #19 – October 21 - 24, 2010

Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

How would you like to serve (Conference Room or Support Team)? \_\_\_\_\_

Are you willing to give a talk if asked? \_\_\_\_\_

Any special talents? \_\_\_\_\_ Limitations? \_\_\_\_\_

Special Diet?  Medications? \_\_\_\_\_

Are you currently certified to administer CPR, a registered nurse, a physician, or other health care professional? Please describe. \_\_\_\_\_

Have you served on a previous Walk to Emmaus/ Chrysalis/ etc. weekend walk? \_\_\_\_\_

How many? \_\_\_\_\_ In what capacity? \_\_\_\_\_

\_\_\_\_\_

If you have given a talk, which one? \_\_\_\_\_

Name, date and location of your Walk or Flight \_\_\_\_\_

Do you participate regularly in a Reunion Group?  Attend Gatherings?

I understand that the Team Formation Committee and the Support Team Committee will select the team in accordance with the guidelines established by PEGWTE Board of Directors. I understand that I am expected to pay a team fee. I also understand that I may or may not be chosen to work this weekend.

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail to:  
Pathway East Emmaus Community  
Team Formation Committee  
[teamformation@emmauswalk.net](mailto:teamformation@emmauswalk.net)

Mail to:  
Don Collins  
3721 Wynterset Drive  
Snellville, GA 30039