

## LAKE CUMBERLAND AREA EMMAUS VOLUNTEER SHEET

This form is to be used by the community to develop a database of individuals who have interest in working on Emmaus Walk and to record past activity of individuals who have contributed to the work of the Lake Cumberland Area Emmaus Chrysalis Community.

1. Have you worked on a Walk in the past? Yes/ No **(If no skip to question 6)**
2. How many Walks have you worked in the past? \_\_\_\_\_ When was the last time you worked? \_\_\_\_\_
3. What area(s) have you worked? *(Please Circle)* Prayer Chapel, Agape, Kitchen, Conference Room, Clergy, Music Team, Board Rep., Logistics Typing / Last worked in what area? \_\_\_\_\_
4. Have you given a talk on a past Walk? \_\_\_\_ Yes \_\_\_\_ No (If so, what talks have you given?)  
\_\_\_\_\_
5. Would you be interested in working future Walks? \_\_\_\_ Yes \_\_\_\_ No **(If no skip to #11)**
6. Do you know Jesus as your Savior? \_\_\_\_\_ Are you an active member of a local church? \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_
7. Do you have limitations? Yes/No *if yes, explain:* \_\_\_\_\_
8. What area do you have interest in working? *(Please Circle)* Prayer Chapel, Agape, Kitchen, Conference Room, Clergy, Music Team, Logistics Typing-Copying *(you must work 2x behind scenes to be in Conference room)*
9. Are you interested in giving a talk? \_\_\_\_ Yes *(Previous work of Walk required)* \_\_\_\_ Not at this time.
10. Attending team meetings are important and required in order to be eligible to work the walk. Are you willing to attend team meetings? \_\_\_\_ Yes \_\_\_\_ No *(Normally 3 team meetings prior to any Walk)*
11. If you cannot work a Walk and would like to donate a gift, contact one of the board members or use the **PayPal Donation Button** on the LCAECC Website: [www.lcemmaus.org](http://www.lcemmaus.org).

**If chosen to work you will receive a phone call/text and a letter with times and dates of meetings.**

**Complete the following and mail to:**

*LCAECC, Team Selection Chairperson*

**Teresa Firkins**

**700 Wisdom Rd**

**Edmonton, KY 42129**

**(270) 590-5126**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Your Walk/Flight #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_