



# VOLUNTEER SIGN UP FORM

Encounter # 118

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Church \_\_\_\_\_

***Declaration by person applying to be a servant on a Face to Face Encounter.***

*I, the undersigned declare :*

- *I will accept and be obedient to the authority and discipline under which I serve.*
- *I am not aware of any spiritual or any moral issue in my life that will prevent me from being a faithful witness of Jesus Christ whilst serving on a Face to Face Encounter.*
- *I am able to attend all training meetings and pay my fees in full by the last training day, I understand that if my fees are not paid, I maybe be asked to step aside from the team.*

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



# ADDITIONAL INFORMATION

If you served on an Emmaus/Alarga Stroll/Face to Face Encounter before, please tell us how you were involved by ticking the area of involvement

Clergy	
Lay Director	
Assistant Lay Director/Coach	
Prayer Leader	
Support/Logistics Leader	
Music Leader	
Table Leader	
Assistant Table Leader	
Prayer Team	
Support/Logistics Team	
Music Team	
Flowers	
Entertainment	
Photographer	
Agape Team	

Please indicate any area which you **CANNOT** fill

Clergy	
Coach	
Logistics	
Agape	
Table Leader	
Prayer Warrior	
Sewing	
Entertainment	
Flowers	
Photographer	
Music Team	

Have you attended an Emmaus walk before ? (Yes/No) \_\_\_\_\_



## FINANCES

The cost of a “ Face to Face “ Encounter is R **350.00**  
We request that you pay your Board Rep

OR

An EFT to the following account

*First National Bank*

*Branch -The Pavillion*

*Branch Code: 22 43 26*

*Account Name: Kwa-Zulu Natal Emmaus Community*

*Account No: 62218561084*

***Deposit reference:***

***FT Your first initial and surname***

***e.g FT A Smith***

**PLEASE NOTE THAT TEAM MEMBERS FOR A FACE TO FACE  
ENCOUNTER NEED TO BE AGE APPROPRIATE (60+)**

Please return your **completed** application and proof of payment  
to Maeve Dickens at [maeve.dickens@gmail.com](mailto:maeve.dickens@gmail.com)  
or Fax to 086 608 4997



## DATES

<b>Training Day # 1</b>	24 July	Hillary Methodist	9h30 – 15h00
<b>Training Day # 2</b>	25 July	Hillary Methodist	9h30 – 15h00
<b>Training Day # 3</b>	31 July	Hillary Methodist	9h30 – 15h00
<b>Training Day # 4</b>	1 August	Hillary Methodist	9h30 - 15h00
<b>Encounter Day 1</b>	14 August	Hillary Methodist	9h00 – 15h30
<b>Encounter Day 2</b>	16 August	Hillary Methodist	9h00 – 15h30
<b>Encounter Day 3</b>	21 August	Hillary Methodist	9h00 – 15h30
<b>Encounter Day 4</b>	23 August	Hillary Methodist	9h00 – 15h30

### YOUR MINISTER/PASTOR'S DECLARATION

Applicant's Name \_\_\_\_\_

Minister/Pastor's Name \_\_\_\_\_

Name of Church/Fellowship/Assembly \_\_\_\_\_

Minister/Pastor's Telephone \_\_\_\_\_

Minister/Pastor's Email \_\_\_\_\_

**I am aware of the commitment for the Applicant to serve on a Face to Face  
Encounter and support this Application**

Signed \_\_\_\_\_

Any queries can be made to Rev Alan Dives on [alandives@gmail.com](mailto:alandives@gmail.com) or 082 897 1529

