







## **EMMAUS MINISTRIES TEAM APPLICATION FORM**

(for Clergy only)

Applicant's Information					
Full Nam	e:				
	Last	First	M.I.		
Address:	Street Address		Apt/Unit #		
Phone: _ Is this	City  phone # text message capable?	_Email:	State Zip Code		
_	Motiv				
III Why de	you desire to be a Spiritual Director on	an Emmaus Ministries te	22m2		
<b>∭</b> How do	you see the Emmaus Ministries impacti	ng the local church and tl	he world?		
	Fourth Dou Minio				
	Fourth Day Minis				
	Emmaus Ministries retreat have you atte to the Table)? Indicate event and year				
	other 4 <sup>th</sup> Day ministry have you partic Indicate event and year				

If yo	u are selecto	ed to be an En	nmaus Ministries	Spiritual Director, will	you:	
-	join the Co Ministries?		rd of Directors i	n living into its covenar	nt with th	e Upper Room
-		· ·	<del>-</del>	use the provided outli the team and give the		=
	nent?			not a right." What ar		
 <b>∭</b> Are	you present	ly a member o	of a small / accou	ntability group?		
			Ordination	/Licensing		
Hig	h School:					
	Nan	ne		City		State
From:		To:		Did you graduate?	() Yes	No ( )
Colle	ege/Universi	ty:				
		Name			City	State
From:			Deg	ree:		
<b>■</b> Sem	inary/Divinit	ty School :				
		Name	e		City	State
From:		To:	Degree:			
<b>∭</b> Oth	er:					
	Name			City		State
From:		To:	Degree:			

Are you ordained/licensed in the process of being ordained provide proof	
When were you ordained/licensed?	Please provide proof of licensing/ordination
Ordaining/licensing body: Name	
■ To what church/denomination/agency are you currently acco	untable?:
What is your role? Local Pastor, Elder	
■ Does this church/denomination/agency authorize you for t Provide proof	the service of Holy Communion?
In what context is the authorization valid?	

[ ] Proof of ordination/licensing				
[ ] Proof of authorization for the service of Holy Communion				
[ ] A statement of good standing from your denomination or	overseeing authority			
Disclaimer and Signature				
certify that my answers are true and complete to the best of my kno	owledge.			
if this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.				
Signature:	Date:			
Once complete, please E-mail along with document to the				
Community Spiritual Director.				

Documents to be provided: