

The Walk With Christ

Servant Work Request

REQUEST TO WORK WALK # _____ IN (CITY) _____ FIRST TIME WORKER _____

NAMETAG NAME _____ SEX ____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ E-MAIL _____

HOME CHURCH & CITY _____

DATE & PLACE YOUR WALK/CURSILLO MADE: _____

PAST TEAM EXPERIENCE: _____

SPECIAL TALENTS & ABILITIES: _____

IS THERE AN AREA IN WHICH YOU WOULD ESPECIALLY LIKE TO WORK? _____

IF ASKED TO OR YOU'D LIKE TO SERVE ON A SONG TEAM, PLEASE INDICATE IF YOU CAN SING AND/OR WHICH INSTRUMENT(S) YOU CAN PLAY: SING (Y/N – Circle One) – Instrument(s): _____

EMERGENCY CONTACT NAME & PHONE NUMBER _____

IF YOU ARE UNABLE TO WORK THE ENTIRE WEEKEND, WOULD YOU BE WILLING TO WORK ON EITHER:

LOVE TEAM? (YES) _____ (NO) _____ AGAPE TEAM? (YES) _____ (NO) _____

WILL YOU HAVE A CANDIDATE? (YES) _____ (NO) _____ NAME: _____

LIST ANY LIFE-THREATENING FOOD ALLERGIES: _____

LIST ANY DEBILITATING DIET/HEALTH RESTRICTIONS: _____

NOTE: A \$75 fee will be required at the time of the team meeting if you work the weekend.

PLEASE SEND THIS FORM TO:

Nila Hamshar, PO Box 245 St. John, WA 99171 – or contact her at nhamshar@outlook.com