



(For Website)

EMMAUS MINISTRIES TEAM APPLICATION FORM

(for Clergy only)

Applicant's Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #
City State Zip Code

Phone: _____ Email: _____

Motivation

■ Why do you desire to be a Spiritual Director on an Emmaus Ministries team? _____

■ How do you see the Emmaus Ministries impacting the local church and the world? _____

Fourth Day Ministries experience

■ What Emmaus Ministries retreat have you attended (Walk to Emmaus, Chrysalis, Face to Face, Journey to the Table)? Indicate event and year _____

■ What other 4th Day ministry have you participated in (e.g. Kairos, Tres Dias, via de Cristo, Cursillo)? Indicate event and year. _____

■ If you are selected to be an Emmaus Ministries Spiritual Director, will you:

- join the Community Board of Directors in living into its covenant with the Upper Room Ministries? _____
- work within the provided structure? e.g. use the provided outline to prepare your talk, follow time limits, preview the talk with the team and give the same talk on weekend?

■ "Serving in Emmaus Ministries is a privilege, not a right." What are your thoughts on this statement? _____

■ Are you presently a member of a small / accountability group? _____

Ordination/Licensing

■ High School: _____

Name

City

State

From: _____ To: _____ Did you graduate? () Yes No ()

■ College/University: _____

Name

City

State

From: _____ To: _____ Degree: _____

■ Seminary/Divinity School : _____

Name

City

State

From: _____ To: _____ Degree: _____

■ Other: _____

Name

City

State

From: _____ To: _____ Degree: _____

■ Are you ordained/licensed in the process of being ordained/licensed? If in process, please explain and 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 accountable?: _____

■ What is your role? Local Pastor, Elder ... _____

■ Does this church/denomination/agency authorize you for the service of Holy Communion?

_____ Provide proof

■ In what context is the authorization valid? _____

Forward completed form to

Mail:

Rev Bob McKibben
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Panama City Bch, FL 32413

OR

Email:

revbmck@bellsouth.net