Weekend applying for:  **Team Application Request**

🞎 Men's

🞎 Women's **Please complete legibly!**

🞎 Coed

***"Rather, let the greatest among you become as the youngest, and the leader as one who serves."* -Luke 22:26b**

Name

Address

Phone E-mail

Church

I have served on: 🞎 Via de Cristo 🞎 Kairos 🞎 TEC 🞎 Cursillo 🞎 Walk to Emmaus 🞎 Other (list below)

Last team served (list team #; include type & location if other than SC):

Positions served (list team #). (List type weekend & location if other than VdC in SC.)

🞎 Head Cha 🞎 Professor

🞎 Assistant Head Cha 🞎 Rollos given:

🞎 Chapel Cha

🞎 Head Chapel Cha 🞎 Silent Professor

🞎 Kitchen Cha 🞎 Professor Cha

🞎 Head Kitchen Cha 🞎 Rector/Rectora

🞎 Music Cha 🞎 Rollo Room Cha

🞎 Head Music Cha 🞎 Head Rollo Room Cha

🞎 Outside Cha 🞎 Special Palanca Cha

🞎 Head Outside Cha 🞎 Head Special Palanca Cha

🞎 Fourth Day Person/Couple 🞎 Secretariat

Leadership Training: I have attended 🞎 101 🞎 201

Fourth Day: I am active in 🞎 Group Reunion 🞎 Ultreya 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the spirit of servanthood, I offer my service to the Lord in the position to which He calls me. I understand my commitment in time (e.g., attending team meetings for preparation) and money (e.g., team members pay the same fee as pilgrims, $175). **Team fees are due at the first team meeting or as otherwise arranged with the Head Cha.**

I have the following physical/medical conditions(s) that might limit my service:

🞎 I use CPAP or other medical equipment. 🞎 Need help with transportation at camp.

 Gloria Stenback

 SC Via de Cristo

 717 Jenkins Bridge Road

 Simpsonville, SC 29680

 864-414-3666

**(Continued on Reverse side)**

Rev 4/26/2024

**HEALTH WAIVER AND ASSUMPTION OF RISK:**

Please remember that viruses can be spread through people who exhibit no symptoms of the virus. Via de Cristo and each participant completes a health checklist at the beginning of the retreat. Knowing this, Via de Cristo cannot guarantee or promise that proper social distancing will always occur between individuals. We cannot promise or guarantee that a person will not contract an illness from group participation. Via de Cristo does strive to take reasonable steps, and trust others who are attending to also take reasonable steps to avoid spreading illness. Therefore, you expressly agree to assume the risk through your attendance.

If you agree with the contents of this waiver, please sign and date here:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_