



SOUTH CAROLINA LUTHERAN
VIA DE CRISTO

Team Application Request

Weekend applying for:

- ☐ Men's
☐ Women's
☐ Coed

Please complete legibly!

"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)

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: _____