



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.)

- | | |
|---|---|
| <input type="checkbox"/> Head Cha _____ | <input type="checkbox"/> Professor _____ |
| <input type="checkbox"/> Assistant Head Cha _____ | <input type="checkbox"/> Rollos given: _____ |
| <input type="checkbox"/> Chapel Cha _____ | _____ |
| <input type="checkbox"/> Head Chapel Cha _____ | <input type="checkbox"/> Silent Professor _____ |
| <input type="checkbox"/> Kitchen Cha _____ | <input type="checkbox"/> Professor Cha _____ |
| <input type="checkbox"/> Head Kitchen Cha _____ | <input type="checkbox"/> Rector/Rectora _____ |
| <input type="checkbox"/> Music Cha _____ | <input type="checkbox"/> Rollo Room Cha _____ |
| <input type="checkbox"/> Head Music Cha _____ | <input type="checkbox"/> Head Rollo Room Cha _____ |
| <input type="checkbox"/> Outside Cha _____ | <input type="checkbox"/> Special Palanca Cha _____ |
| <input type="checkbox"/> Head Outside Cha _____ | <input type="checkbox"/> Head Special Palanca Cha _____ |
| <input type="checkbox"/> Fourth Day Person/Couple _____ | <input type="checkbox"/> 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.

Sign waiver on the back of the form and send completed team application request to the address below.

Lora Ullery
SC Via de Cristo
1218 Carriage Drive
Aiken, SC 29803
(803-645-2916)
(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: _____