

**Heartland Emmaus of Kansas City**  
**TEAM MEMBER INFORMATION SHEET**  
Please turn in this information sheet during the first team meeting.

Walk # \_\_\_\_: Walk Date: (Men's) from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Walk Date: (Women's) from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**TO BE FILLED OUT BY THE TEAM MEMBER: (PLEASE PROVIDE ALL INFORMATION REQUESTED)**

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Name you want on Name Tag \_\_\_\_\_ Marital Status \_\_\_\_\_

From what Emmaus Community did you attend your walk? \_\_\_\_\_

What Walk Number did you attend? \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you on a Special Diet? \_\_\_\_\_ If so, What? \_\_\_\_\_

Do you have a health problem or any handicap that may affect your ability to perform the duties of the team position that you have been nominated for? (This information will not prevent you from serving, but will simply help us to provide adequate staffing to support the team.)

\_\_\_\_\_

If so, please describe:  
\_\_\_\_\_

Name of the Reunion Group that you attend regularly \_\_\_\_\_

**IN CASE OF EMERGENCY**

CONTACT:

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

What is the contact relationship to self? (Spouse, Brother, Sister, etc.) \_\_\_\_\_

DO YOU KNOW OF AN EMMAUS PERSON THAT WOULD LIKE TO SERVE ON AN UP-COMING WALK?

If so please list: Name \_\_\_\_\_ Phone Contact \_\_\_\_\_

Do you know a person that is active within a Christian church congregation that you think would make a good pilgrim candidate for a future Walk?

If so please list Name \_\_\_\_\_ Phone Contact \_\_\_\_\_

**OFFICIAL USE ONLY**

Deposit Amount: \_\_\_\_\_ Date Received \_\_\_\_\_