



LITTLE EGYPT WALK TO EMMAUS CANDIDATE'S APPLICATION

Please Print Legibly

Weekend Dates: Men's October 19-22, 2017 Women's October 26-29, 2017

Name _____ Name desired on name tag _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Male Female Age: 18-25 26-35 36-45 46-55 56+ Clergy Yes No

Marital Status - Single Married Divorced Widowed Salutation (Circle) Ms Miss Mrs Mr Rev. Dr.

What is your occupation? _____ What church do you attend? _____

Denomination _____ Pastor's Name _____ Pastor's Phone _____

Pastor's Address _____ Pastor's E-mail _____

What do you know about the Emmaus Walk and why do you wish to be involved with the Emmaus Community?

How has your sponsor encouraged you to be a part of this weekend? _____

If married, has your spouse attended the Emmaus Walk? _____ If yes when/where? _____

Is your spouse a current applicant? _____ Do you know other current applicants? _____ If so who? _____

Can you commit 72 hours away from the world and be open to a new experience of God's love to you? _____

Have you prayed about going on the Emmaus Walk? _____

Are you aware of these follow-up programs after the weekend? ___ Reunion Groups ___ Gatherings

In order to make your weekend more comfortable, please let us know if you have any dietary requirements or if there any particular foods you must avoid: _____

Do you have difficulty with stairs? _____ Do you need a wheelchair? _____

Do you need alternative seating due to hearing and/or visual difficulty? _____

Do you have other physical needs we should be aware of? _____ If yes, please explain: _____

All of the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all blanks. Return the form to your sponsor.

Signature _____ Date _____

Sponsor's Name _____

-----Do not write below this line-----

Date application was received _____ Reviewed by _____

Screening Committee Action ___ Approved ___ Disapproved