



LITTLE EGYPT WALK TO EMMAUS
CANDIDATE'S APPLICATION

Please Print Legibly

Weekend Dates: Men's October 11-14 and Women's October 18-21

Name \_\_\_\_\_ Name desired on name tag \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Male [ ] Female [ ] Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ 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 take medications other than morning and bedtime \_\_\_\_\_

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

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

information: Relationship \_\_\_\_\_

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