

# EMMANUEL EMMAUS

(To be filled out by applicant and returned to sponsor)



**IMPORTANT: All of the information on this form is necessary for the proper placement on a Walk to Emmaus. Please fill in all blanks.**

Applying for: 20\_\_\_\_  
Spring \_\_\_\_\_  
Fall \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Phone # Home ( ) \_\_\_\_\_ Business # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Name wished on name tag \_\_\_\_\_

Marital Status: M \_\_\_\_\_ S \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ Sep. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Nearest Relative (not living with you) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address (City, State, Zip) \_\_\_\_\_

Name/Denomination/Address of church now attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's E-mail \_\_\_\_\_

Pastor's Address (if different from church address) \_\_\_\_\_

With what religious/community organizations are you active? \_\_\_\_\_

Has the Walk to Emmaus been explained to you? \_\_\_\_\_ Has the Follow-Up been explained to you? \_\_\_\_\_

Has the Reunion Group been explained to you? \_\_\_\_\_

Do you have a health problem/physical handicap that may effect your attendance? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please list any medical needs (ex. outlet for cpap, etc.) \_\_\_\_\_

Can you?: Climb stairs \_\_\_\_\_ Sit for long periods \_\_\_\_\_ Sleep in top bunk \_\_\_\_\_

Are you on a medical diet? \_\_\_\_\_ If so, what? \_\_\_\_\_

Are you on medication? \_\_\_\_\_ If so, when do you take it? \_\_\_\_\_

State briefly why you wish to attend a Walk to Emmaus, and what you expect from it. \_\_\_\_\_

**I understand that my signature here signifies a commitment to the full 72 hour weekend if accepted for the Walk to Emmaus.**

Applicant's Signature \_\_\_\_\_

Sponsor's Name(s) \_\_\_\_\_