

## APPLICATION for The Walk to Emmaus®

The New-Ark Area Emmaus Community in Newark, Ohio

WEBSITE: [www.new-arkemmaus.org](http://www.new-arkemmaus.org)



WALK TO  
EMMAUS  
THE UPPER ROOM®

### Walk to Emmaus® Application Forms

Dear Sponsor,

Included here are the forms for application to attend a New-Ark Area Walk to Emmaus®. Two forms must be completed - one by you, the Sponsor, which you will find on the back of this information sheet; and the other should be detached and given to the candidate Pilgrim to fill out. **If the candidate is married and his/her spouse has not yet attended a Walk, we ask that you also explain the Walk to Emmaus program to the spouse; if appropriate, you are encouraged to offer to be the Sponsor for the spouse as well.**

**Please have the candidate return his/her application form and deposit to you, so that YOU can submit both of the forms together.**

**PLEASE NOTE:** both the Sponsor and Candidate forms, PLUS the deposit, must be returned together for the application to be considered complete.

Application forms should be submitted **at least three weeks before the start of a Walk; the deadline for application submissions is two weeks before the start of the Walk.** Attendance confirmation responses from the candidate Pilgrims should be received three weeks before a Walk and **cannot be accepted less than one week before a Walk.**

Please return both application forms and deposit to:

New-Ark Area Emmaus Community, Attn: Registrar  
First United Methodist Church  
PO Box 729  
Newark, OH 43058-0729

**UPCOMING WALKS:** Men's Walk #50, February 22 - 25, 2018  
Men's Walk #51, September 20 - 23, 2018  
Women's Walk #64, March 15 - 18, 2018  
Women's Walk #65, October 18 - 21, 2018

# NEW-ARK AREA EMMAUS SPONSOR APPLICATION FORM

## SPONSOR'S COVENANT AGREEMENT

I have read the "Sponsorship" booklet and have attended or will attend a sponsorship training session. I am making this covenant to volunteer to sign up with my pilgrim to be a willing servant on the walk following his/her pilgrim walk. We will serve in one or more of these areas: Kitchen, Logistics, Agape, Social, or Prayer Vigil.

Sponsor's Signature- \_\_\_\_\_

Pilgrim's Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

***All correspondence with the sponsor will be conducted via e-mail to the above e-mail address (if provided) to expedite processing and to reduce expenses for the New-Ark Area Emmaus Community.***

Name/denomination & location (city) of **your** church \_\_\_\_\_

Do you attend church regularly? **Yes / No**

Community & Walk # where you attended Emmaus/Cursillo \_\_\_\_\_

Are you in a Reunion/Share Group? **Yes / No**

Have you been a Sponsor in this Community before? **Yes / No** Are you on our e-mailing list? **Yes / No**

How long have you known the Pilgrim? \_\_\_\_\_

How do you think this person would benefit from the Walk to Emmaus? \_\_\_\_\_

(If applicable) Secondary Sponsor's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Please circle the appropriate answer to the following questions:

- Will you bring your Pilgrim to Registration? **Yes / No** If **No**, please list who will \_\_\_\_\_
- Will you attend Sponsor's hour? **Yes / No** If **No**, please list who will \_\_\_\_\_
- Will you attend Candlelight? **Yes / No**
- Will you attend Closing? **Yes / No**
- Will you take the Pilgrim home? **Yes / No** If **No**, please list who will \_\_\_\_\_
- Will you see to the special needs of the Pilgrim's family during the Walk? **Yes / No**
- Have you explained Gatherings and Reunion/Share Groups? **Yes / No**
- Are you aware of the importance of minimal contact with the Pilgrim during the weekend? **Yes / No**
- Will you assist your Pilgrim in finding a Reunion/Share Group and emphasize its importance? **Yes / No**
- Will you collect 6-12 agape letters from close friends and relatives, and personally deliver them before Saturday night of the walk? **Yes / No**

Please make any additional comments that you believe may be helpful: \_\_\_\_\_

**Please arrive at Newark First United Methodist with your Pilgrim between 6:00 & 6:15 p.m. on the Thursday of the Walk for Registration. The balance of his/her Pilgrim fees will be due at that time.**

**PLEASE NOTE!!** Submitting an application form and deposit does not guarantee a place on the next Walk. **Applicants are prayerfully considered to be invited to a given walk**; per walk, there is a limit on the total number of pilgrims, and on the number of pilgrims from the same church, so it is possible that your candidate will be put on a waiting list. Tell your candidate to watch for his/her Walk invitation in the mail.

**If you are submitting an application within 3 weeks of the start of the walk**, please contact the Registrar directly so that they are aware of (and can look for) the application submission.

**NEW-ARK AREA EMMAUS CANDIDATE APPLICATION FORM****TO BE FILLED OUT BY THE CANDIDATE: PLEASE BE COMPLETE - PLEASE PRINT.**

All information is for appropriate Walk placement and will be kept confidential.

Full Name \_\_\_\_\_ Preferred name (for nametag) \_\_\_\_\_

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

Phone \_\_\_\_\_ \*E-mail address \_\_\_\_\_

\*Your e-mail address will be used after your Walk to keep you informed of Community activities, and will not be shared or distributed.

Gender: Male\_\_ Female\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Name / denomination of the church you attend \_\_\_\_\_

Church address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Do you attend church regularly? **Yes / No**

What church activities/groups are you involved in? \_\_\_\_\_

Your occupation \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of your Employer's Business \_\_\_\_\_

Are you on a special diet? **Yes / No** If **Yes**, please specify: \_\_\_\_\_

Please list any health issues or physical limitations so that we can help you have a comfortable weekend\*\*:

\*\*Sleeping accommodations include high-quality air mattresses on the floor; a **limited number** of rigid cots are available for those who would have difficulty, even with assistance, getting down onto or up from the floor, or those for whom it is a health or medical necessityHas the Emmaus Program & its follow-up program been explained to you? **Yes / No**(If applicable) Name of Spouse \_\_\_\_\_ **Has spouse attended Emmaus? Yes / No**If **'No'**, has the Emmaus Program & its follow-up program also been explained to your spouse? **Yes / No**

Briefly, why do you wish to attend the Emmaus weekend and what do you expect from it? \_\_\_\_\_

Your Sponsor's Name (person recommending Emmaus) \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**NOTE: The Walk to Emmaus Weekend runs from approximately 7:00 p.m. Thursday to 7:00 p.m. Sunday.****YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_****PLEASE RETURN THIS FORM TO YOUR SPONSOR** along with an application deposit of **\$25.00**.This **NON-REFUNDABLE** deposit will be applied to the **total fee of \$100.00** that partially offsets the expense of the Emmaus weekend. The balance due will be collected during Registration upon your arrival to your Walk weekend.PLEASE MAKE YOUR CHECK PAYABLE TO: **NEW-ARK AREA EMMAUS COMMUNITY****PLEASE NOTE!!** Submitting your application and deposit does not guarantee a place on the next Walk. Applicants are prayerfully considered to be **invited** to a given walk; per walk, there is a limit on the total number of pilgrims, and on the number of pilgrims from the same church, so it is possible that you will be placed on a waiting list. Watch for your Walk invitation in the mail.