

APPLICATION for The Walk to Emmaus®
The New-Ark Area Emmaus Community in Newark, Ohio
WEBSITE: www.new-arkemmaus.org



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 #51, February 21 - 24, 2019
Men's Walk #52, September 12 - 15, 2019
Women's Walk #65, March 21 - 24, 2019
Women's Walk #66, October 17 - 20, 2019

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 necessity

Has 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; you will be expected to remain at the event location the entire time of the Walk to Emmaus event.

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**

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