

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**

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.