

APPLICATION for The Walk to Emmaus®
The New-Ark Area Emmaus Community in Newark, Ohio
WEBSITE: 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: the completed Sponsor and Candidate forms AND the pilgrim's \$25 Walk fee deposit must be returned together for the application to be considered complete. Please make checks payable to: New-Ark Area Emmaus Community.

Walk applications may be submitted at any time; invitations to attend a Walk are sent out starting approximately 8 weeks before the Walk. **The application submission deadline for a particular Walk is the 1st of the month in which the Walk is to be held.**

Attendance confirmation responses from the candidate Pilgrims should be received at least 2 weeks before a Walk and **cannot be accepted less than 1 week before a Walk.**

Please return both application forms and the \$25 fee 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 #52, TBD

Women's Walk #66, TBD

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 close to the submission deadline (the 1st of the Walk month), please contact the Registrar directly so that they are aware of 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.

Sex: 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 medically-required 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; 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 \$150.00** 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.