

EAST OHIO EMMANUEL EMMAUS
CANDIDATE APPLICATION

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Please indicate your preference, if space is available: () Spring () Fall () Men's () Women's

Name: _____ Name Tag to Read: _____

Address: _____ City: _____ State/Zip _____

Email Address: _____ (Monthly Newsletter will be sent via email)

Phone: () _____ Emergency Phone: () _____

Age: _____ Occupation: _____ Spouse Name: _____
(If applicable)

Pastor's Name: _____ Pastor's Phone: () _____

Church's Name: _____

Mailing Address: (Street, City, Zip) _____

Pastor's Signature (REQUIRED): _____ Date: _____

Have you accepted Christ as your Savior? () YES () NO / Do you attend church regularly () YES () NO

In what Community and Religious Organizations are you currently active? _____

Other Interests / Hobbies: _____

Has your Sponsor explained the following to you? (Indicate YES by a check mark below)

() Emmaus location () Transportation () Emergency Info () Group Reunion () Gatherings

**** PLEASE COMPLETE THE ATTACHED HEALTH QUESTIONNAIRE ****

State briefly why you wish to attend a Walk to Emmaus weekend: _____

The total cost of the Weekend is **\$ 215.00**. This includes all meals, lodging, and supplies. **Please enclose a minimum deposit of \$ 50.00 made payable to "East Ohio Emmanuel Emmaus" with the application.** The balance will be required **two weeks** before the Walk.

Candidate Signature: _____ Date: _____

Please return this to your Sponsor when completed. Thank you!

For Pre-Walk Committee:

Sponsor Name: _____ Sponsor Phone: () _____

Date Received: _____ Amount of Weekend Cost Received: _____

Health Condition Questionnaire

Pilgrim Name: _____

*** Please answer these questions honestly to assure your needs are met during your Walk to Emmaus. ***

1) Please list all allergies to: a. Food: _____

b. Medication: _____

c. Environment: _____

2) Do you need a reminder to take medication at a specific time? () YES () NO

(If yes, please list): _____

3) Do you have any mobility concerns? (If yes, please check which of the following apply:

Walking medium distances

Uneven terrain

Navigating stairs

4) Do you utilize a cane, walker, or wheelchair? (If yes, please indicate which one) _____

5) Is sleeping with someone who snores a concern for you? () YES () NO

6) Do you have any issues with *your* sleep that we should be aware of (i.e. Snoring, Sleepwalking, or Frequently Awake and/or out of bed)? (If yes, please explain): _____

7) If necessary, can you sleep on a TOP bunk bed? () YES () NO

8) Do you use any external medical devices such as CPAP or Oxygen? () YES () NO

9) Do you have any medical conditions such as heart disease, diabetes, memory issues, asthma, or seizure disorder? (If yes, please explain how these are managed): _____

10) Do you have an implanted medical device such as a blood glucose monitor, cardiac monitor, or pain pump?

(If yes, please explain how these devices are managed): _____

11) Do you have any other medical, mental health, or emotional conditions that we need to be aware of for you to safely and fully participate in this Walk to Emmaus Weekend? (If yes, please explain):

NOTE:

Due to our insurance coverage, currently service animals are not permitted on the Walk. The EOEE Board will continue to monitor Title 3 of the ADA, and if changes occur affecting requirements or our exempt status, we will address our insurance and change our policies accordingly.

Please understand all information provided will be kept confidential and only shared as necessary with the appropriate people to assure you are safe and comfortable during your Walk to Emmaus. Additionally, please know that all applications are shredded after each Walk.

EAST OHIO EMMANUEL EMMAUS
SPONSOR INFORMATION FORM

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NOTE:

You are encouraged to attend Sponsor's Training before your Candidate's Walk weekend. See the monthly Newsletter for dates and times for this important and informative training session. Thank you!

Please read the Sponsor's Duties forms attached before submitting the Candidate Application. Your signature below represents your understanding of and agreement to the Sponsor's responsibilities and to your commitment to support your Candidate as outlined in the Sponsor's Duties.

Candidate Name: _____ Phone: () _____

How long have you personally known this Candidate? _____

I understand the Upper Room and the EOEE Board strongly encourage spouses to attend during the same Walk season. I have approached both husband and wife about attending and understanding the Walk to Emmaus. If the spouse is not attending, please explain: _____

If Candidate's spouse attended prior to this application, please note: Walk # _____ Location: _____

Does the Candidate have any physical / mental / emotional concerns which should be brought to the attention of the Lay Leader and/or Spiritual Director? (If yes, please explain): _____

Why do you feel this person would be a good Candidate? _____

SPONSOR'S INFORMATION:

Name: _____ Phone: () _____

Address: _____ City: _____ State/Zip _____

Email Address: _____

I made _____ Walk # _____ and sat at the table of: _____

I attend church regularly: () YES () NO Name of church: _____

I am in a Reunion Group: () YES () NO / I attend Gatherings regularly: () YES () NO

Sponsor's Signature: _____ **Date:** _____

Please indicate who is responsible for paying part/or all of the fee for the weekend, totaling **\$ 215.00**. The full amount is due **TWO WEEKS** before the Walk weekend begins.

\$ _____ Candidate \$ _____ Sponsor \$ _____ Other: (explain) _____