

# EAST OHIO EMMANUEL EMMAUS CANDIDATE APPLICATION

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

Name: \_\_\_\_\_ Name tag to read: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Emergency Phone:( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ (Newsletter will be sent via e-mail)

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ # of children: \_\_\_\_\_

( ) Single ( ) Married - Spouse's Name: \_\_\_\_\_ ( ) Divorced ( ) Widowed ( ) Separated

Pastor's name: \_\_\_\_\_ Pastor's phone: ( ) \_\_\_\_\_

Church's Name and mailing address: (street, city, zip)

\_\_\_\_\_

Pastor's signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

In what community and religious organizations are you currently active?

\_\_\_\_\_

Other Interests: \_\_\_\_\_

**Important:** Do you have any food allergies or dietary conditions ( ) N ( ) Y if Yes, Please explain:

\_\_\_\_\_

**Health Conditions:** Do you have any condition or disability that may need accommodation on the weekend? ( ) N ( ) Y

*If yes, please detail the concerns on the next page of the application.*

Has your sponsor explained the following to you: (Indicate YES by a check mark)

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

State briefly why you wish to attend: \_\_\_\_\_

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

\*\*\*\*\*

The above information is necessary for your proper placement in a Walk to Emmaus. *Early application is recommended as space is limited.* **The 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. Do not let your inability to pay deter your attendance. Please note if you would like to be contacted concerning payment.

( ) Yes, please contact me

Candidate signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this to your sponsor when completed.**

Sponsor Name: \_\_\_\_\_ Sponsor Phone: ( ) \_\_\_\_\_

For PreWalk Committee:

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ AMT OF DEPOSIT REC'D: \_\_\_\_\_

EXECUTIVE REVIEW COMPLETED:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

# Health Condition Questionnaire

*(Only required when the pilgrim has answered 'yes' concerning health conditions on the previous page.)*

**\*\*Please answer these important questions honestly to assure your needs are met during your Walk. Thank you.**

- 1) Do you have any medical conditions such as heart disease, diabetes, memory issues, asthma or seizure disorder?
- 2) Do you have any mental health or emotional conditions?
- 3) Do you take medication daily? If so, medication name and reason for taking the medication.
- 4) Do you have any implanted medical devices such as a blood glucose monitor, a cardiac monitor, or a pain pump? How is this device managed?
- 5) Do you use any external medical devices such as CPAP or oxygen?
- 6) Do you have any allergies? Medication, environmental, food allergies.
- 7) Do you have any mobility concerns such as walking medium distances on uneven terrain, or navigating stairs? Do you utilize a cane, walker or wheelchair?
- 8) Do you have any issues with your sleep that we need to be aware of (i.e. snoring or sleep walking or frequently up)?
- 9) Does sleeping with someone who snores be an issue for you?
- 10) If necessary, can you sleep on a top bunk bed or do you require a bottom bunk bed?
- 11) Are there any other medical conditions that we need to be aware of for you to safely and fully participate?

## 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 then 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. Additionally all applications are shredded after each Walk.

# EAST OHIO EMMANUEL EMMAUS SPONSOR INFORMATION FORM

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Candidate Name: \_\_\_\_\_ Phone/Cell number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Why do you feel this person would be a good candidate?

## SPONSOR'S Information - PLEASE PRINT

Name: \_\_\_\_\_ Phone/Cell number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

\*\*\*\*. Please provide a current email address so an acceptance/sponsor letter can be sent promptly. Also, The EOEE Newsletter is now published online

Email Address: \_\_\_\_\_

Attending church regularly? YES/NO Name of Church \_\_\_\_\_

Are you in a Reunion Group? ( )YES/( )NO Do you attend Gatherings regularly? ( )YES/( )NO

I made \_\_\_\_\_ Walk# \_\_\_\_\_ and sat at the table of \_\_\_\_\_

If candidate's spouse attended prior to this application: Emmaus Walk# \_\_\_\_\_ Location: \_\_\_\_\_

Does the Candidate have any physical/mental/emotional problems or concerns, which should be brought to the Lay Leader and/or Spiritual Directors attention? ( ) No ( )Yes

If yes, please explain:

## SPONSOR RESPONSIBILITIES:

- ~Pray, pray, pray. Talk to the candidate and spouse together to introduce them to the weekend and to encourage that married persons attend and submit the application at the SAME time.
- ~Explain transportation, cost, meals, lodging, supplies, bedding, clothing, book table. Please specify NO cameras, timepieces or cellphones.
- ~Explain Group Reunion and Gatherings to candidate(s).
- ~Assist the candidate in getting to and from the weekend.
- ~Be in contact with the Candidate's family during the weekend. Help where needed.
- ~Attend Sponsor's activities - Sponsor Hour (after Thursday evening meal), Candlelight (Saturday night) and Closing ONLY! If you cannot attend, please arrange for a substitute.
- ~Have minimal contact with your Candidate during the weekend. The spouse of the candidate (who has walked) should ONLY ATTEND candlelight and closing and should not serve meals during this weekend. CHILDREN are NOT to attend.
- ~Pray and sacrifice for your Candidate.
- ~Help your candidate find and attend Group Reunions and Gatherings for at least six months after his/her weekend.
- ~NOTICE: Collect and drop off agape. Agape from family, relatives and close friends must be marked PERSONAL on the envelope along with the pilgrim's name. It is important to keep it separate from the general agape.

How long have you personally known this candidate? \_\_\_\_\_ I understand that the Upper Room and the EOEE Board strongly encourages spouses to attend during the same walk season. I have approached both husband and wife about attending and understanding the Walk to Emmaus. If spouse is not attending, please explain:

When sponsoring a candidate, remember that the Walk to Emmaus is NOT a means purposely set to correct one's character, morals, emotions or an unstable marriage or situation. The Walk is a method of giving those who attend a personal encounter with Christ, to fulfill the design of "Christian leaders" in their church, and to help strengthen their church through their leadership. The Walk gives the candidate the tools to bring Christ into his/her own church, life and environment and to share with everyone around him/her. Sponsor signature represents your understanding of the sponsor's responsibilities and your commitment to support the candidate as outlined on the Sponsor's Information Sheet.

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate who will pay the \$215.00 for the weekend and how much they will be paying or have paid.

The full amount is due two weeks before the Walk.

\$ \_\_\_\_\_ Pilgrim \$ \_\_\_\_\_ Sponsor \$ \_\_\_\_\_ Other: (explain) \_\_\_\_\_

Mail Candidate's Application, Sponsor Sheet & Deposit to: PREWALK COMMITTEE- see newsletter for address

revised 11/2024