

Owensboro Walk to Emmaus Pilgrim Application

To be filled by the Pilgrim:

Name _____ Name you wish on Name Tag _____

Marital Status - Single ___ Married ___ Divorced ___ M ___ F ___ Age _____

Address _____ City _____ State _____

Zip _____ Email address _____

Home phone (____) _____ Work phone (____) _____

Name and Denomination of Church now attending _____

How long have you attended there? _____ Pastor's Name _____

What is your present occupation and place of employment? _____

In what religious or community organizations are you active? _____

Which set of Emmaus Walks are you applying for? Spring _____ Fall _____

Has your sponsor explained to you the Walk to Emmaus? Yes _____ No _____

Have they explained group reunions and post Emmaus meeting to you? Yes ___ No ___

Are you on a special diet? No _____ Yes _____ If yes, please explain: _____

Do you have a health problem or physical handicap that may affect your attendance at the Walk to Emmaus? No _____ Yes _____ If yes, please explain: _____

Are you on special medication? Please Explain: _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from it.

Signature _____

Owensboro Walk to Emmaus Sponsor Application

Name of Sponsor _____
Address _____ City _____ State _____
Zip _____ Email address _____

Home phone (____) _____ Work phone (____) _____

Name and Denomination of Church now attending _____

Do you attend regularly? Yes _____ No _____

When and where did you make your Walk/Cursillo _____

Are you now in a reunion group/Emmaus group? Yes ___ No ___

Do you view our newsletter online? Yes _____ No _____

Name of pilgrim you wish to sponsor _____

Have you explained the Walk to Emmaus, reunion groups and gathering to them?

Yes _____ No _____

Are you praying and sacrificing for your pilgrim? _____

How long have you known the pilgrim _____

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

Does the pilgrim have the physical and mental health needed for the weekend? _____

Is the pilgrim under any temporary emotional strain that might indicate his/her weekend should be postponed? _____

Are you able and willing to assist the pilgrim to get into an Emmaus Reunion Group?

Yes ___ No ___ Explain _____

If the pilgrim is married, have you discussed the Walk with their spouse? Yes ___ No ___

Will you bring your pilgrim to the Emmaus site? _____

Will you attend Sponsor's hour? Yes ___ No ___ Candlelight Yes ___ No ___ Closing Yes ___ No ___

Can you care for the needs of the pilgrim's spouse over the weekend? Yes ___ No ___

Are you aware of the importance of minimal contact with your pilgrim over the weekend, especially if the pilgrim is your spouse? Yes ___ No ___

Sponsor's Signature _____

Please submit complete application with the Sponsor side and Pilgrim side completed. Please enclose a \$10.00 non-refundable deposit with the balance due by time of Walk.

Send Applications to:
Owensboro Emmaus Community
Registrar
P. O. Box 1621
Owensboro, Ky. 42302