

Northern Kentucky Walk to Emmaus Application Form



The walk to Emmaus is a spiritual renewal program intended to strengthen the local church. The walk begins Thursday evening and concludes Sunday evening. It is designed to renew the faith of Christian people, and through them their families, congregations, and the world in which they live. Emmaus is open to members of any denomination.

APPLICATION INSTRUCTIONS

Pilgrim

Please complete and sign the PILGRIM INFORMATION section. Then give your completed form to your sponsor to complete the SPONSOR INFORMATION section. **Please write legibly.**

Sponsor

Please verify that the Pilgrim information is **accurate, complete and legible**. Then, complete the SPONSOR INFORMATION section of this form. Please mail this completed form and a check made out to **Northern Kentucky Emmaus** to:

Attn: Registrar
Northern Kentucky Emmaus
PO Box 17695
Covington, KY 41017

Northern Kentucky Walk to Emmaus Application Form

PILGRIM INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - _____

Work Phone: () - _____

Cell Phone: () - _____

E-Mail Address: _____

Date of Birth: (MM/DD/YYYY) _____

Gender: M F

Clergy: Y N

Occupation: _____

Current Marital Status: Married Single Separated Divorced Widowed

Has your spouse attended Emmaus? Y N

If Yes, then:

Is spouse attending adjacent weekend to your weekend? Y N

Your spouse's:

First Name: _____ Last Name: _____

Do you require any physical assistance? Y N

If Yes, then please specify assistance needed: _____

Do you take any medications (other than bedtime or upon arriving)? Y N

Do you have any dietary restrictions we should be aware of? Y N

If Yes to either of the above, then please explain: _____

Briefly state why you want to attend the Walk to Emmaus:

Emergency Contact Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship: _____

Phone Number: () - _____

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PILGRIM INFORMATION (continued)

Church Information

Church Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

Pastor Name: _____ Signature: _____

In what church activities are you involved?

Cost of Walk

Each pilgrim on the walk costs the Emmaus community \$205. If you can pay this total amount for the walk, we appreciate it. If you cannot pay the entire amount, we ask that you pay at least \$175 to attend the walk and Emmaus will pick up the difference. Please give a check to your sponsor for at least a deposit of \$50 to be applied to your total fee. Make the check out to **Northern Kentucky Emmaus**. The balance of the fee is due upon your arrival at the walk. The total fee is non-refundable if you cancel within 14 days of the walk unless an exception is approved by the board.

Scholarship Request

If needed, you can apply for a scholarship of up to \$155 to be applied to the \$175 cost of the walk. Our goal is to *not* deny anyone the opportunity of attending the walk based solely upon financial need. The Emmaus board will inform your sponsor of the approval or disapproval of the scholarship. If you need to apply, please complete the following:

I would like to request a scholarship in the amount of \$ _____.

I am applying for the scholarship because: _____

Authorization and Signature of Pilgrim

- **In the unlikely event that medical intervention is necessary for the Participant, every attempt will be made to contact the individual designated as "Emergency Contact Person." Only if that person cannot be reached in an emergency during the Emmaus Walk for which permission has been granted for the Participant to participate, I hereby give my permission to the Emmaus Leadership Team to hospitalize at preferred hospital (or any hospital reasonably accessible), secure medical treatment and order and injection, anesthesia or surgery for myself as deemed necessary. I understand that I am liable for any expenses incurred due to emergency treatment. I understand all reasonable safety precautions will be taken at all times by the Northern Kentucky Emmaus Community and its agents during the Walk sponsored by same. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Northern Kentucky Emmaus Community, its Board of Directors, its leaders, employees or volunteer staff liable for damages, losses, diseases or injuries by the subject of this form.**
- **You are asked to leave watches, phones, and electronic devices at home.**
- **Smoking at St. Anne's is permitted outside only in designated areas.**

Please check this box to indicate you have **read and agreed to all of the above** and **provided complete, accurate, and legible information**. Please contact your sponsor if you have any questions.

PILGRIM Signature: _____ Date: _____

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SPONSOR INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

E-Mail Address: _____

Gender: M F

Occupation: _____

Date of Birth: (MM/DD/YYYY) _____

Church Name: _____

Current Marital Status: Married Single Separated Divorced Widowed

How do you know the pilgrim? _____ How long? _____

Is your pilgrim under any emotional strain (loss of job, divorce, etc...)? Y N

Does your pilgrim have any addictions? Y N

If Yes to either, then please explain: _____

Is your pilgrim a believer and in agreement with mainstream Christian doctrine? Y N

Have you attended the Walk to Emmaus? Walk #? _____ Y N

Will you bring your applicant to the walk and attend Thursday night Sponsor's Hour? Y N

Will you attend Candlelight? Y N

Will you attend Closing? Y N

Will you bring the Pilgrim to the first Gathering after the walk? Y N

Will you collect Agape letters for the applicant? Y N

If No to any of the above, please explain: _____

SPONSOR Signature: _____ Date: _____