



Sandhills - Walk to Emmaus Application

NOTE: This is only an application. All information requested is necessary for your proper placement on a Walk to Emmaus Weekend. Placement will be made based on date received by the Registrar and availability of space. **You must be sponsored** on your Walk by someone who has completed a Walk to Emmaus or Chrysalis weekend. **After you have completed this application, please give it to your sponsor so they may submit it for you.**

Office Use Only

Date Received: _____
MM Invite: _____
Speadsheet: _____
Amount: _____

Applicant Information

First Name:	Last Name:	Name for Name Tag:	
Mailing Address:	City:	State:	Zip:
Cell Phone:	Business Phone:	Home Phone:	
Email:	Employer & Occupation:	Date of Birth:	Age:
Preferred Communication (select one): <input type="checkbox"/> Email <input type="checkbox"/> Postal Service			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Has Spouse Attended Emmaus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is spouse attending adjacent walk? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse's Name:	
Name of Church you attend regularly:		Are you clergy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church Address, City, State, & Zip:		Pastor's Name:	

Medical Information (MUST be completed)

Please list any physical limitations or restrictions?

Do you take any medications during the day (other than "at bedtime" or "upon arising")? ☐ Yes ☐ No

There are no watches, clocks, or cellphones during your Walk to Emmaus Weekend. With this in mind, would you need assistance with the timing and/or administration of medications? ☐ Yes ☐ No If yes, provide detail:

Please list all medications (attach additional page if necessary):

Do you have a hearing impairment? ☐ Yes ☐ No Do you have a pacemaker? ☐ Yes ☐ No

Please specify any medically necessary dietary needs and list known allergies:

Emergency Contact

Name:	Relationship:	Phone:
Address:	City:	State: Zip:

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

Participants on a Walk to Emmaus weekend should be aware that, as in all Christian activities (such as worship, conferences, seminars, and camps,) there could be persons present with communicable or chronic disease conditions or other physical conditions or handicaps.

Applicant Signature:	Date:
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For walk information (including dates and current cost) please visit: <https://www.sandhillsemmaus.net/walk-info>

\$50 Non-Refundable Deposit is required with each application, please make checks payable to Sandhills Emmaus.



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Pilgrim's Name: _____

Sponsor Information (To be completed by the Sponsor, ALL blanks MUST be completed.)

First Name:		Last Name:	
Mailing Address:	City:	State:	ZIP:
Cell Phone:	Business Phone:	Home Phone:	
Email:	Preferred Communication (select one): <input type="checkbox"/> Email <input type="checkbox"/> Postal Service		
Church Name/Location:		Attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where did you make your Walk to Emmaus?		When?	Walk Number:
Are you active in a reunion group? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of the Reunion Group?	

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

Do you feel this candidate has physical and mental health needed for a Walk to Emmaus Weekend?

Is the candidate under any emotional strain that indicates his/her Walk should be postponed?

Please verify the following statements are true by placing a check on each box preceding the statement.

- ☐ If applicable, I have discussed the walk with my pilgrim's spouse and encouraged the spouse to attend the adjacent weekend.
- ☐ I am praying for my pilgrim.
- ☐ I have explained the Emmaus Walk to my pilgrim.
- ☐ I will ensure the Pilgrim has all items on their Need-to-Bring Checklist
- ☐ I understand that I am to bring my pilgrim to Send-Off on Thursday.
- ☐ I will attend Sponsor's Hour (Thursday immediately following Send-Off).
- ☐ I will attend Candlelight.
- ☐ I will attend Closing.
- ☐ I will care for the needs of the candidate's family over the weekend.
- ☐ I will accompany my pilgrim to the first gathering following my pilgrim's walk.
- ☐ I will assist my pilgrim in getting established into a reunion group after the walk.
- ☐ I have read the sponsorship information provided on the website(<https://www.sandhillsemmaus.net>)
- ☐ I understand the importance of minimal contact with my pilgrim during the weekend, especially if the candidate is my spouse.

Sponsorship Training

Have you attended one of the Sponsorship Training sessions within the past 3 (three) years? ☐ Yes ☐ No
If Yes, which year?

Emmaus is a method of Christian renewal in the church. Individuals recommended for Emmaus should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her enter fully into the Emmaus fellowship after the weekend, to provide prayer and other support, and to provide transportation to and from the Walk to Emmaus 72-hour Weekend. Please be sure to encourage BOTH husband and wife to attend Emmaus. As a sponsor, your signature is a covenant to a vital responsibility as a member of the Emmaus Community.

Signature

Sponsor Signature:	Date:
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Completed Application

Mail To: Sandhills Emmaus Registrar Steven Marsh 1611 Britannia Street Florence, SC 29501	Email To: registrar@sandhillsemmaus.net Phone: 843-687-4551	Scholarship Requests: Submitted to the Community Secretary Board Member Directory available at: https://www.SandhillsEmmaus.net
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