

**Billings Community Walk to Emmaus Application**

2013 Men's Walk January 10 thru 13, Women's Walk January 17 thru 20

Name: First \_\_\_\_\_ Middle \_\_\_\_ Last \_\_\_\_\_ Gender: M F

Name you prefer on your name tag \_\_\_\_\_ Clergy: Yes \_\_\_ No \_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Martial Status: M \_\_\_ S \_\_\_ D \_\_\_ W \_\_\_ Sep'd \_\_\_ Birth date: \_\_\_\_\_ Age \_\_\_\_\_

If married spouse's name \_\_\_\_\_ Number of Children \_\_\_\_\_

Has spouse attend the Walk to Emmaus Yes \_\_\_ No \_\_\_

Name and address of Church now attending \_\_\_\_\_

Pastor \_\_\_\_\_ Mailing Address: \_\_\_\_\_

In what church activities are you involved? \_\_\_\_\_

Do you require any physical assistance Yes \_\_\_ No \_\_\_ If Yes, Please specify \_\_\_\_\_

Please specify any special dietary needs you would expect us to provide \_\_\_\_\_

Do you take any medications during the day other than "at bedtime" or "upon arising" Yes \_\_\_ No \_\_\_

**Note: Prescribed medications must NOT be shared no matter the circumstances. Sharing medications is against the law and is unhealthy**

Emergency Contact (Other than Sponsor or Spouse)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Has your sponsor explained the Walk to Emmaus to you (and your spouse) Yes \_\_\_ No \_\_\_

You have my permission to have my name appear on printed Walk to Emmaus participants lists.  
Yes \_\_\_ No \_\_\_ (Note: This list is not sold nor given away)

Please enclose a non-refundable pre-registration deposit of \$10.00 payable to Walk to Emmaus.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

**Sponsor Information for:** Applicant Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

When and where did you make your Walk/Cursillo? \_\_\_\_\_

Are you in a reunion group? Yes \_\_\_ No \_\_\_ If no can we help you find a group? Yes \_\_\_ No \_\_\_

Do you receive the Billings Emmaus Newsletter? Yes \_\_\_ No \_\_\_ If not would you like to? Yes \_\_\_ No \_\_\_

Relationship to candidate: \_\_\_\_\_ How long have you known he/she \_\_\_\_\_

Why do you feel this person is a good candidate? \_\_\_\_\_

\_\_\_\_\_

What will you do to support your candidate in his/her 4th day? \_\_\_\_\_

\_\_\_\_\_

If the candidate is married, how have you discussed the Walk to Emmaus with their spouse? \_\_\_\_\_

\_\_\_\_\_

All applications are reviewed by a Pre-Walk committee. Please add any additional information you feel will be helpful: \_\_\_\_\_

The Walk to Emmaus is not designed to provide a climate for the solution to deep seated personal problems. It is established to help mature people work toward strengthening their Church and lead them toward a revitalized Christian way of life with community support.

I HAVE PRAYED ABOUT THIS CANDIDATE ATTENDING THE WALK TO EMMAUS. I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES OF A SPONSOR AND PLEDGE THAT, WITH CHRIST'S HELP, I WILL DO MY BEST TO MEET THEM.

Sponsor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to: Walk to Emmaus Registrar, PO Box 1975, Billings, Montana 59103