

## Pilgrim Application

Pilgrim's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name desired on Name Tag \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext \_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Primary Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Church Name \_\_\_\_\_

Church Location (city) \_\_\_\_\_

What areas in your church and community do you participate? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Are you a Lay Person or Clergy? \_\_\_\_\_

Are you on a special diet? (YES / NO) If your answer is Yes, please describe your needs (i.e. vegetarian, allergic to milk, etc)

Will you need to take medications during the 72-hour weekend? (YES / NO)

If your answer is YES, please list the medications and the time you need to take them.

Do you have problems climbing stairs? (YES / NO) If yes – please explain the degree of difficulty \_\_\_\_\_

Do you have difficulty setting for long periods of time (30 – 45 minutes at a time)? (YES / NO)

If yes – please explain \_\_\_\_\_

Do you have difficulty with walking at least 3 city blocks? Do you use a cane or need a wheelchair? (YES / NO)

If yes – please explain \_\_\_\_\_

Do you need a handicapped accessible bathroom? (YES / NO)

Do you have any hearing problems? (YES / NO) If yes – please explain \_\_\_\_\_

Are there other health needs that might affect your participation during the 72-hour weekend? (YES / NO)

If your answer is YES, please indicate them here. \_\_\_\_\_

Do you have mobility concerns that might affect your participation during the 72-hour weekend? (YES / NO)

If your answer is YES, please indicate them here. \_\_\_\_\_

Are you a smoker? (YES / NO) Do you snore? (YES / NO)

If you are married, has your spouse attended an Emmaus Walk (YES / NO / NOT MARRIED)

In the event of an emergency, whom shall we contact? (in addition to your sponsor)

Family member to call in emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_ - \_\_\_\_

All information is necessary for proper placement on a Walk. Please fill in all blanks. Candidates cannot be placed on a Walk until **ALL** application materials are received by the Registrar. A complete application includes 1) a completed Pilgrim Application Form 2) a completed Sponsor's Form and 3) a deposit of \$ 25.00 (payable to Heart of the Ozarks, Walk to Emmaus); this will be applied to the fee of \$ 175.00, which covers all expenses of the weekend. Please note: Requests do no guarantee a reservation. Upon your acceptance you will receive additional information about the date and location of your Walk to Emmaus.

**Return this form to your Sponsor. Your sponsor will send the Pilgrim Application and the Sponsorship Form to the Heart of the Ozarks Registrar.**

Has your Sponsor Explained the Walk to Emmaus to you ?

Has your Sponsor explained Reunion Groups and Gatherings to you?

Below briefly describe why you wish to attend an Emmaus Walk and what you expect from it.

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