

# Central Carolinas Emmaus Community

Postmark \_\_\_\_\_

Check # \_\_\_\_\_

Deposit \_\_\_\_\_

APPLYING FOR:  
WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ FALL \_\_\_\_\_

**RETURN TO SPONSOR**

SPONSOR'S

NAME \_\_\_\_\_

## TO BE FILLED IN BY CANDIDATE

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_
2. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_
3. NAME WISHED ON NAME TAG \_\_\_\_\_ AGE \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_
4. PASTOR'S NAME \_\_\_\_\_ CHURCH \_\_\_\_\_
5. WHAT ACTIVITIES WITHIN YOUR CHURCH DO YOU (HAVE YOU) PARTICIPATE(D)? \_\_\_\_\_  
\_\_\_\_\_
6. MARRIED\_\_ SINGLE\_\_ WIDOWED\_\_ DIVORCED\_\_ SEPARATED\_\_ (HOW LONG \_\_\_\_\_)
7. WHAT IS YOUR PRESENT OCCUPATION? \_\_\_\_\_
8. NAME OF COMPANY? \_\_\_\_\_
9. HOW MANY YEARS OF FORMAL EDUCATION HAVE YOU HAD? \_\_\_\_\_
10. IN WHAT COMMUNITY ORGANIZATIONS ARE YOU ACTIVE? \_\_\_\_\_  
\_\_\_\_\_
11. HAS THE WALK TO EMMAUS BEEN EXPLAINED TO YOU? Yes \_\_\_ No \_\_\_
12. HAS THE FOLLOW-UP MEETING BEEN EXPLAINED TO YOU? Yes \_\_\_ No \_\_\_
13. HAS THE MONTHLY GATHERING OF THE EMMAUS COMMUNITY BEEN EXPLAINED TO YOU?  
Yes \_\_\_ No \_\_\_
14. HAS THE GROUP REUNION PROGRAM BEEN EXPLAINED TO YOU? Yes \_\_\_ No \_\_\_
15. STATE BRIEFLY WHY YOU WISH TO ATTEND THE WALK TO EMMAUS, AND WHAT YOU EXPECT FROM IT:  
\_\_\_\_\_  
\_\_\_\_\_
16. ARE YOU ON A MEDICALLY PRESCRIBED/SPECIAL DIET? Yes \_\_\_ No \_\_\_ (e.g. Krohn's, Diabetic, Vegetarian)  
EXPLAIN \_\_\_\_\_  
PLEASE LIST ANY FOOD ALLERGIES \_\_\_\_\_
17. DO YOU HAVE A HEALTH PROBLEM OR A HANDICAP THAT MAY AFFECT YOUR ATTENDANCE AT A WALK TO  
EMMAUS? YES \_\_\_ NO \_\_\_ EXPLAIN IF YES \_\_\_\_\_
18. GIVE NAME, ADDRESS, PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU:  
\_\_\_\_\_  
\_\_\_\_\_
19. SIGNATURE, DATE: \_\_\_\_\_

**IMPORTANT:** ALL OF THE ABOVE INFORMATION IS NECESSARY FOR YOUR PROPER PLACEMENT ON A WALK TO EMMAUS. PLEASE FILL IN ALL BLANKS. PLEASE ENCLOSE A NON-REFUNDABLE PRE-REGISTRATION **DEPOSIT OF \$75.00.** THIS WILL BE APPLIED TOWARD YOUR CONTRIBUTION OF **\$175.00,** WHICH PARTIALLY OFFSETS THE EXPENSES OF YOUR WEEKEND. MAKE CHECK PAYABLE TO **CENTRAL CAROLINAS EMMAUS COMMUNITY OR CCEC.**

Return this form to your sponsor, not directly to CCEC.

REVISED: January 1, 2011

(web form)