

# 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 \_\_\_\_\_ 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 \$50.00.** THIS WILL BE APPLIED TOWARD YOUR CONTRIBUTION OF **\$150.00,** 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: MAY, 2009

(web form)