

SonShine Emmaus Application

Pilgrim

PART I

Name: _____ Nickname: _____
Address: _____ (H) Phone: _____
City: _____, State: _____ Zip: _____ (W) Phone: _____
E-mail: _____ (M) Phone: _____
Church: _____ Pastor: _____
Address: _____ Phone: _____
City: _____, State: _____ Zip: _____
Sex: M - F Birthdate: _____ Occupation: _____
Marital Status: _____ Spouse's First Name: _____

Do you have any health related issues or handicap that should be monitored during the course of this weekend?

Do you require a special diet? _____

Are you taking any medications? _____

Do you play a musical instrument? Y - N If you do, please indicate: _____

Please list any church organizations or ministries you have been or are currently involved in: _____

Please give a brief, frank statement about why you would like to attend an Emmaus weekend, what you expect out of it, and anything about yourself or your faith you wish to share: _____

A deposit of \$35.⁰⁰ must accompany this application. In the event it is not possible to assign you to a weekend, the deposit is refundable. If you are assigned to a weekend and fail to attend, the deposit is not refundable. THERE ARE NO ADDITIONAL COSTS TO YOU FOR YOUR WEEKEND as expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share the experience with you. This is only an application. Notification of your acceptance for a weekend will be made by phone and mail about one month before the weekend. After you have completed this application, please give it to your sponsor for completion. If you do not have a sponsor, mail the form to the address on *Part II* of this form. Be sure to include your \$35.⁰⁰ deposit made out to SonShine Emmaus. Send to: **SonShine Emmaus, P.O. Box 55, Mechanicsville, VA, 23111, Attn: Pilgrim Selection Committee.**

Signature of Applicant

Date

For completion by the Pilgrim Selection Committee:

Date called: _____ By: _____ Y/ N

Date called: _____ By: _____ Y/ N

Date called: _____ By: _____ Y/ N

Date application received: _____

Application deposit received: _____

Sponsor: _____

Updated 10/31/05

SonShine Emmaus Application

Sponsor

PART II

Sponsors; please read the following statement carefully and give it prayerful consideration:

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 to become closer to Christ in their Discipleship.

As a sponsor, you are required

1. to provide information to the applicant to assist him / her in the decision to attend a weekend,
2. to help him / her to enter fully into the Emmaus fellowship after the weekend,
3. to provide prayer and other support for the pilgrim and his / her family,
4. and to provide transportation to and from the EMMAUS weekend.

To Be Completed By The Sponsor

Name: _____ Nickname: _____

Address: _____ (H) Phone: _____

City: _____, State: _____ Zip: _____ (W) Phone: _____

E-mail: _____ (M) Phone: _____

Church: _____ Pastor: _____

Address: _____ Phone: _____

City: _____, State: _____ Zip: _____

When and where did you take your original walk? Date: _____ Location: _____

I have / have not attended a DDU. Date: _____

Has the candidate's spouse attended a weekend? Y - N Date: _____

Please give some information about your relationship with the candidate: _____

I have read and understand the responsibilities associated with sponsoring a pilgrim on an Emmaus walk. I further agree to commit to attend 6 (six) gatherings in the 12 month period following my pilgrim's walk.

Sponsor's Signature

Date

For completion by the Pilgrim Selection Committee:

Pilgrim Application Received: Y - N

Deposit: Y - N

Sponsor Called By: _____ Date: _____

Sponsor Fee: Y - N

Updated 10/31/05