

Bowling Green Area Emmaus and Chrysalis Community

Emmaus Candidate Application

The Walk to Emmaus is a three-day experience of renewal, learning and sharing in the atmosphere of a Christian community. It is a different experience for each individual. It is not designed for the solution of deep-seated problems but to help mature people work toward a Christian way of life with community support. Husbands and wives are encouraged to attend in consecutive weekends (when possible). Each person must submit a separate application and married couples are requested to turn in both applications at the same time.

All the above information is necessary for your proper placement in a Walk to Emmaus. Please complete all blanks. **The weekend costs \$100.00 per person.** Make checks payable to: "Bowling Green Emmaus Community." Please speak to your sponsor if you need financial assistance. Please do not let an inability to pay at the present time keep you from applying or attending. This form is an application and its submittance does not guarantee acceptance. Early applications will be notified of acceptance by U.S. Mail.

APPLICATION DEADLINE: Applications must be postmarked two weeks before the beginning of the Walk.

TO BE COMPLETED BY CANDIDATE:

Blue or Black ink only. Please print clearly.

Full Name: _____ M | F Name for Name Tag: _____

Age: ____ M | F Marital Status: _____ Occupation: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____ T-shirt Size: _____

MEDICAL INFORMATION:

Do you require a special diet? Y | N If so, explain _____

Do you have allergies? Y | N If so, explain _____

Do you take medication? Y | N If so, explain _____

Do you need help administering your medication? Y | N

Do you have need for a CPAP/BiPap plugin? Y | N

Do you have health problems or physical disability that may affect your attendance and/or participation in Walk to Emmaus? Y | N If so, explain _____

There is a large part of the weekend where you will be in a conference room sitting and looking at different types of visual presentations.

Do you have any vision or hearing difficulties that would require you to sit close to the speaker? Y | N

Are you unable to sit for extended periods of time? Y | N

Please explain any yes answers by describing how we can best accommodate your needs: _____

If additional space is required on above questions, other pages may be used. Make sure they accompany application.

PREPERATORY QUESTIONS:

Have Emmaus, Reunion Groups and Gatherings been explained to you? Y | N

Church/Denomination: _____ Pastor: _____

In what other Christian or Community Organizations are you active? _____

State briefly why you wish to be involved in the Walk to Emmaus and what you expect from it: _____

What to Bring: Candidates will need personal/bathroom supplies (body wash, shampoo, toothbrush, toothpaste, etc.), bedding (such as sleeping bag, pillow, etc.), appropriate clothing and shoes (as mentioned above), Bible, journal, and anything else deemed appropriate.

PHOTOGRAPHIC PERMISSION: I give permission for the use my videos or pictures that may be taken during the Weekend to be used on Bowling Green Area Emmaus Community publications, displays, and presentations. The Emmaus Community has a website and Facebook page where pictures and videos may be posted. I understand that my name will not be listed with the photo or videos.

COVID-19 & COMMUNICABLE DISEASE RELEASE: Bowling Green Area Emmaus Community will make every effort to keep participants and workers healthy. We pledge to provide a safe and clean environment for everyone involved. We will make every effort to perform extra cleaning and sanitizing and will provide hand sanitizer during the Walk. Please understand that both, masks and vaccinations, are OPTIONAL for the upcoming Walk and masks will be available during the Walk.

With the believed easy transmission of COVID-19, influenza, and other communicable illnesses, we cannot ensure that you will not be exposed to and contract a communicable illness.

Due to the nature of COVID-19, if a case is confirmed we will proceed per the recommendations of the Barren River District Health Department in notifying everyone.

All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve the Candidate. I understand that it is my responsibility to notify Bowling Green Area Emmaus of any changes that may change.

Candidate's Signature: _____ Date: _____

For registrar's use ONLY:	Date Postmarked: _____
Deposit: _____ Name on check: _____	Check #: _____
Application Rec'd: _____	Consent Rec'd _____ Sponsor Form Rec'd: _____
Response date: _____	Reply Date: _____

Emmaus Sponsors Form

Please read this page carefully. Please print clear and use Black or Blue ink.

Please fill in ALL blanks so we can properly assist you.

*Please send this completed application to Registrar, Debbie Hancock, deb.hancock113@gmail.com
Or mail to P.O. Box 50699, Bowling Green, KY 42102*

Sponsor's Name _____

Address _____ City _____ State _____ Zip _____

Phones: Home _____ Cell _____ E-mail: _____

Church/Denomination _____ Attend regularly? _____

When and where did you attend the Walk to Emmaus, Cursillo, or Chrysalis? _____

Are you in a reunion group? Y | N Group Name _____

SPONSOR'S RESPONSIBILITY:

Have you fully explained Emmaus to your Candidate and family? Y | N

Will you clear your weekend to help your Candidate's family and to attend the community events in support of your Candidate? Y | N

Will you PRAY for your Candidate before/during/after the Walk? Y | N

Will you bring your Candidate to the Send-Off? Y | N

Will you attend the Sponsor's Hour, Candlelight, and Closing? Y | N

Will you procure/collect letters and/or cards for the Candidate? Y | N

Will you see that your Candidate attends the Fourth Day Meeting when it is held? Y | N

Will you assist your Candidate in getting into or starting a Reunion Group? Y | N

Why do think this person will be a good Candidate for the Walk to Emmaus? _____

SPECIAL NEEDS OF CANDIDATE:

Does your Candidate have the physical and mental health needed to attend this Walk? Y | N

Is your applicant under any temporary emotional strain that might indicate their participation should be postponed for a later Walk? Y | N

Is the Candidate married? Y | N Are they both planning to attend? Y | N

If no, then why? _____

Are there any additional circumstances (such as financial) concerning your applicant of which this team should be aware? Y | N *(scholarships are available on a case-by-case evaluation)*

Please explain: _____

Will you notify the Registrar as soon as possible if your Candidate cannot attend? Y | N

It is the Sponsor's Responsibility to see that the \$100 fee is either paid by the Candidate, scholarship, or Sponsor.

Sponsor's Signature: _____ Date: _____