



# Pilgrim Application

To be filled out by the candidate. All the following information is necessary for your proper placement on a Walk.

Please fill in all blanks. Use reverse side if needed.

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Name for Nametag \_\_\_\_\_

Phone Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male \_\_\_ Female \_\_\_ Occupation: \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

If married, name of spouse \_\_\_\_\_ Has your spouse attended Emmaus, Chrysalis, Cursillo, or other similar 72-hour weekend? \_\_\_ Where and when? \_\_\_\_\_

Do you need any physical assistance? Yes \_\_\_ No \_\_\_ If yes, what are your limitations? \_\_\_\_\_

Do you take any medications other than at bedtime or arising? Yes \_\_\_ No \_\_\_\_\_

Do you have any dietary restrictions? Yes \_\_\_ No \_\_\_ Please provide details: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ and phone number \_\_\_\_\_

Full Name and address of your church: \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Briefly list other religious or community organizations in which you are active: \_\_\_\_\_

Has the Walk to Emmaus been explained to you? Yes/No \_\_\_\_\_ Have the follow-up programs of Reunion Groups and Gatherings been explained to you? Yes/No \_\_\_\_\_

State briefly why you would like to be involved in the Emmaus Community and what you expect to get from it?

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor's Name \_\_\_\_\_ Upon completion of this application, please return to your sponsor who will forward it to the Piedmont Emmaus Registrar. Rev. 7/2015**

For Registrar: Date Received \_\_\_\_\_ Fees Paid \_\_\_\_\_ Check # \_\_\_\_\_ Other \_\_\_\_\_