

Pioneer Country

Walk to Emmaus

Emmaus Pilgrim's Kit

**TO INSPIRE, CHALLENGE AND EQUIP
LOCAL CHURCH MEMBERS FOR CHRISTIAN
ACTION IN THEIR HOMES, CHURCHES, AND
PLACES OF WORK**

**THIS IS AN EMMAUS PILGRIMS'S KIT FOR YOUR CANDIDATE.
THIS KIT INCLUDES ONLY THE APPLICATION AND THE
EMERGENCY CONTACT AND MEDICAL RELEASE FORM TO
BE COMPLETED BY THE CANDIDATE.**

**IF YOU ARE THE SPONSOR, BE SURE TO DOWNLOAD THE
EMMAUS SPONSOR'S KIT AND COMPLETE THE SPONSOR'S
PORTION TO BE INCLUDED WITH THE COMPLETED
CANDIDATE FORMS. RETURN BOTH TO THE REGISTRAR.**

Sponsor's Name (just in case pages get separated): _____

Pioneer Country Walk to Emmaus

APPLICATION for Walk # _____ Date: _____ to _____

Please fill all blanks of application (with 'N/A' if necessary) and return to your sponsor.

TO BE COMPLETED BY THE CANDIDATE

(Please provide all information requested or it could delay your acceptance. Spouses must complete a separate application.)

PLEASE PRINT

| | | |
|-------------------------|-----------------------------------|---------------|
| Name: _____ | Age: _____ | Gender: M / F |
| Address: _____ | Number of Children: _____ | |
| City: _____ | Marital Status: M S D W Separated | |
| State: _____ Zip: _____ | Spouse's name, if married: _____ | |
| Home Phone: _____ | Your Occupation: _____ | |
| Cell Phone: _____ | Employer: _____ | |
| Email Address: _____ | Work Phone: _____ | |

Full Name as you wish it to appear on your Name Tag: _____

Circle highest education level: Grammar School High School College Graduate School Other: _____

Do you have **medically necessary** dietary needs that the kitchen needs to plan for? **YES/NO** We do not provide diet menus such as Low Fat, Low Carb etc. unless it is medically necessary. If yes, what? _____

Do you have health problems, allergies or physical handicaps that may affect your attendance at the Walk to Emmaus? **YES/NO** If yes, what? _____

Are you on special medication that the walk leaders need to monitor for you? **YES/NO** If yes, what? when? _____

Name & denomination of church now attending: _____

***Pastor's name:** _____ ***Pastor Signature:** _____

In what religious or community organizations are you active? _____

Have the following been explained to you and your spouse?

| | | |
|--|--------------------|----------------------------|
| Walk to Emmaus? | You: YES/NO | Your Spouse: YES/NO |
| Follow-up group reunion/accountability? | You: YES/NO | Your Spouse: YES/NO |
| 4 th Day Meeting, Thursdays after walk? | You: YES/NO | Your Spouse: YES/NO |

Is your spouse committed to attending an Emmaus Weekend? * **Yes** * **No** * **Possibly** * **Later** * **Has been already**

I INTEND TO BE PRESENT FOR THE ENTIRE WALK TO EMMAUS (Thu 6:30pm – Sun 6:30pm, and 4th Day Thursday 7:00pm)

Candidate's Signature: _____ **Date:** _____

Please enclose a non-refundable pre-registration deposit of \$50. This deposit will be applied toward your contribution of \$125 which offsets the expenses of your weekend. (by action of the PCE Board. 04/21/2018)

Make check payable to: **PIONEER COUNTRY EMMAUS.**

REGISTRAR USE ONLY

Date deposit recd: _____ Check No: _____ Check amount: _____

Name of check owner: _____

| | | |
|-----------------|--------------------------|--------------------------|
| Sponsor - | Sponsor - | Candidate - |
| app rcvd: _____ | confirmation sent: _____ | confirmation sent: _____ |

Please fill all blanks of form (with 'N/A' if necessary) and return to your sponsor with application.

EMERGENCY CONTACT INFORMATION

Pioneer Country Walk to Emmaus

List family members or friends, other than your sponsor, who may be contacted in case of a medical emergency. We do not anticipate such an emergency will occur, however we must be prepared.

Contact #1: Name _____ Phone (____) _____
Address _____ City State Zip _____
Relationship _____

Contact #2: Name _____ Phone (____) _____
Address _____ City State Zip _____
Relationship _____

Contact #3: Name _____ Phone (____) _____
Address _____ City State Zip _____
Relationship _____

Sponsor Name _____
Phone number where sponsor can be reached during walk _____

CANDIDATE MEDICAL RELEASE FORM

Pioneer Country Walk to Emmaus

(PLEASE PRINT, EXCEPT FOR SIGNATURE)

I, _____ consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified below.

Pioneer Country Walk to Emmaus # _____ Date of Walk _____

Participant's Physician _____ Telephone (____) _____

Allergies _____

Medications _____

Participant's Medical Insurance _____

(Carrier) _____ (Policy #) _____

(Carrier's Telephone #) (____) _____

Signature of Participant _____ Date _____

ALL PERSONAL INFORMATION IS KEPT CONFIDENTIAL BY THE PIONEER COUNTRY EMMAUS BOARD MEMBERS - NO INFORMATION WILL BE SHARED UNLESS REQUIRED IN AN EMERGENCY OR LEGAL OCCURANCE.

Pioneer Country cannot be responsible for lost or stolen valuables (jewelry, money, etc.). Please do not bring valuables such as pagers, mobile phones or more cash than what is necessary to pay for the weekend or to purchase items from the book table.