



WALK TO EMMAUS
"for the development of Christian leaders"

DELMARVA WALK TO EMMAUS
SPONSOR AND PILGRIM APPLICATION

SPONSOR APPLICATION

Sponsoring a candidate on the Walk to Emmaus is a great responsibility. Your responsibility is:

- To be sure that your candidate is at an appropriate place in his/her Christian walk in order to grow from this experience
- To the other candidates on the Walk to not be hindered in their experience by sponsoring someone not prepared for this experience
- To the Emmaus community to building the community and its churches by sponsoring Christians who are dedicated to serving and leading others in their Christian walk.

HAVE YOU ATTENDED A SPONSORSHIP TRAINING EVENT? Yes No

If the answer is NO, **you must** have a co-sponsor who has attended a Sponsorship Training Event.

In your preparations to sponsor, **pray continually** (1 Thessalonians 5:17) for guidance in offering the Walk to Emmaus to your candidate and remember that you are called to **be shepherds of God's flock that is under your care, serving as overseers – not because you must, but because you are willing, as God wants you to be.** (1 Peter 5:2)

As a Sponsor you are agreeing to:

- Pray for your candidate
- Explain what to expect from the Walk to Emmaus to your candidate
- Obtain personal agape (letters) for your candidate from his/her family & friends (This should be no less than 8 and no more than 12 and should contain a letter from his/her pastor.)
- Write and/or create personal agape for your candidate
- Attend to the needs of your pilgrim's family while your pilgrim attends the Walk
- Bring candidate to send off (along with the personal agape letters- make sure letters are identifiable as agape letters)
- Participate in sponsor's hour at send off
- Participate in candlelight
- Participate in closing and return your new community member home
- Bring your new community member to the next Sponsorship Training Event.
- Bring your new community member to any Gathering Event nearby for at least six months
- Assist your new community member in becoming active in a Emmaus reunion group or other small covenant group
- Continue praying for your new community member

If you have any questions regarding these responsibilities you are agreeing to, please contact a member of the Walk to Emmaus Board or the registrar listed at the end of this application.

SPONSOR INFORMATION (please print legibly)

Name _____

Address _____ Home Phone _____

City, State, ZIP _____ Cell Phone _____

Email _____

Church Name _____ Pastor _____

Church Address, City, State, ZIP _____

Candidate's Name _____

DELMARVA WALK TO EMMAUS SPONSOR APPLICATION, page 2

Your Name _____ Candidate's Name _____

When and where did you attend the Walk to Emmaus/Chrysalis? _____

Are you currently involved in a small group/reunion group? Yes No

How long have you known the applicant? _____

Why do you feel this applicant would be a good candidate for the Walk to Emmaus? _____

Does your candidate have any physical limitations that the team should know about? _____

Does your candidate have any special dietary needs that the team should know about? _____

Does your candidate have any special dietary needs that the team should know about? _____

Does your candidate have any special dietary needs that the team should know about? _____

If candidate is married, have you discussed the Walk to Emmaus with their spouse? Yes No

Has the spouse been invited to the Walk to Emmaus? Yes No

If you answered no on either of these two questions, please explain:

Please have your candidate complete the Pilgrim's portion of this application and send both forms to:

**Emmaus Registration
c/o Judy Shores
7 Nicole Ct
New Castle, DE 19720**

Note: The cost of the weekend is \$318 per pilgrim and should be paid whenever the applicant has received an invitation and has agreed to attend the weekend. Checks are not cashed until the weekend. If not received at least one week prior to the weekend, BE SURE TO BRING A CHECK (payable to DELMARVA EMMAUS) to sendoff.

CO-SPONSOR INFORMATION (please print legibly)

Name _____

Address _____ Home Phone _____

City, State, ZIP _____ Cell Phone _____

Email _____

Church Name _____ Pastor _____

Church Address, City, State, ZIP _____

Do you agree with all your responsibilities as outlined? Yes No

SIGNATURES

Sponsor _____ Date _____

Co- Sponsor _____ Date _____

DELMARVA WALK TO EMMAUS
PILGRIM APPLICATION

The Walk to Emmaus is a method of living, sharing and spreading Christianity. If you are a Christian actively participating in a local congregation and consider yourself to be an emotionally healthy, mature and responsible person, then the Walk to Emmaus may bring you to a closer understanding of Christ and His mission for you.

To apply, please provide the following information, which is necessary to plan your welcome to the Walk to Emmaus. Please print legibly and complete ALL items. This information will be kept in strict confidence.

Name _____

Address _____ Home Phone _____

City, State, ZIP _____ Cell Phone _____

Email _____ Do you checked this regularly? Yes No

Laity ___ Clergy (check one) Was the Walk to Emmaus explained by your sponsor? Yes No

Sex (check one): Male Female Date of Birth: _____

Marital Status (check one): married widow(er) divorced single

Spouse's First Name _____

NOTE: The Walk to Emmaus is intended for joint commitment. If you are married and both active in church, your spouse's application or explanation should accompany this application unless they have previously attended the Walk to Emmaus/Chrysalis. Please discuss this with your spouse and sponsor.

If your spouse previously attended the Walk to Emmaus/Chrysalis, where & when did they attend? _____

Church Name _____ Pastor _____

Church Address, City, State, ZIP _____

What church activities are you currently involved in? _____

Why would you like to attend the Walk to Emmaus? _____

Do you have any health problems, or other special needs we should know about? Yes No

If yes, please explain: _____

Are you on a special diet? Yes No

If yes, please explain: _____

Do you take medication regularly Yes No

If yes, please explain: _____

In case of emergency, notify _____ Phone # _____

When you are invited for the Walk to Emmaus, you will be notified. Participants will assemble on Thursday evenings and return home on Sunday evening. Transportation will be arranged by your Sponsor. When completed, please return this signed form to your Sponsor

SIGNATURE

Applicant _____ Date _____