

TO BE FILLED OUT BY APPLICANT (Please Print)

Name: _____

Name You Would Like On Your Name Tag:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone #: _____ Cell #: _____

Your Age _____ Number of Children _____ Marital Status: M - S - D - W - SEP

Present Occupation: _____

Name/Denomination of Church You Are Now Attending: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Pastor's Name: _____

In What Religious Or Community Organizations Are You Active? _____

Has The Walk To Emmaus Been Explained To You? YES NO

Have The Post-Walk Meetings Been Explained To You? YES NO

Do You Routinely Take Medication Which Needs Refrigeration? YES NO

List Any Dietary Restrictions or Special Diets You Are On: _____

List Any Health Issues or Limitations That Require Special Accommodations During Your Walk:

Why Do You Wish To Go On The Walk And What Are Your Expectations? _____

Please be advised that approximately 14 days prior to the start of your Walk you will be contacted by a member of the Leadership Team to go over some Covid-19 screening questions, all answers will be kept in the strictest confidence.

APPLICANT SIGNATURE: _____

SPONSOR'S NAME: _____

Revised: 11/21 LLH