



WALK TO EMMAUS PILGRIM APPLICATION - SPONSOR FORM

- ALL INFORMATION IS REQUIRED. PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL FORMS.
- PLEASE DOWNLOAD, OPEN WITH ADOBE ACROBAT (FREE READER), COMPLETE ON YOUR COMPUTER PRINT, SIGN AND MAIL TO THE ADDRESS BELOW

Pilgrim First Name: _____ Last Name: _____ Birth Date (mm/dd/yyyy): _____

Sponsorship is the most important job in Emmaus. The quality of sponsorship influences the pilgrim, the health of the Emmaus movement, and the Church being affected by Emmaus. Thank you for your dedication and effort to promote the Emmaus vision of developing Christian leaders who will strengthen the local Church. It is important for the success of the Walk for you to be a fully participating sponsor. If you cannot answer YES to all of the following (except NO for the candidate suffering from a loss), then please reconsider whether you are best suited to act as this applicant's sponsor.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in a reunion group? If not active in a reunion or accountability group, please make every effort to join one soon. This is an essential part of the weekend experience. | <input type="checkbox"/> Yes <input type="checkbox"/> No Will you care for the needs of your candidate's family? (mow the lawn, help with emergency tasks, offer childcare to give the spouse a break, help the family get to Church) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If the candidate is married, have you discussed the Walk with their spouse? (Yes if not married) | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you informed the candidate and family that they should expect to have no contact during the weekend, except in case of emergency? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Will you personally bring your candidate to the Emmaus site on Thursday night? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you explained the post-Emmaus follow-up (Welcome Back) meeting? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you able and willing to assist the candidate to get into a Reunion Group? | <input type="checkbox"/> Yes <input type="checkbox"/> No Can you fulfill sponsor responsibilities if your candidate attends on short notice? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Has the candidate suffered from a loss this past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No Is the candidate emotionally ready to attend? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you active in your local Church? | <input type="checkbox"/> Yes <input type="checkbox"/> No Will you bring agape food & gifts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you praying for your candidate? | <input type="checkbox"/> Yes <input type="checkbox"/> No Did you sign up for the 72 Hour Prayer Vigil? |

As sponsor you are responsible for participating in the following events. Please indicate the events you will attend:

- Registration Sponsor's Hour Candlelight Worship Closing Welcome Back First Gathering

Sponsor First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(none if the same as Cell Phone) (none if the same as Home or Cell Phone)

Reunion Group Name or none: _____ E-Mail: _____

For your Emmaus, Chrysalis, Cursillo, or any other recognized 3-day experience: Type (Emmaus, etc.): _____

Where: _____ Walk#: _____ Date (mm/dd/yyyy): _____

How long have you known this candidate? _____ Is this candidate active in their local Church? _____

If you were on the team would you be encouraged to have this person as a candidate? _____

What characteristics does the candidate show that exhibits his/her commitment to Christ? _____

To YOUR knowledge, does this candidate have an addiction that would prevent full participation? _____

*** If the answer is yes to the last question, it is advisable to wait to sponsor this candidate until the issues are resolved.***

As a sponsor, I say YES to Christ – to fulfill my responsibilities in such a way that His grace and love are revealed to this candidate through my Christian action. My signature on this application indicates my commitment to the high calling of servanthood.

Sponsor's Signature: _____ Date (mm/dd/yyyy): _____

I am making a payment in the amount of _____ by None Check payable to GAEC Credit Card

Mail this completed form and fee to: GAEC F Y [j g h f U z 139 Estrella Crossing, #101 Georgetown, TX 78628

When form is completed, please print and sign and mail to the address above along with all other forms.

Credit Card Number: _____ NOTE: \$7.50 added to Credit Card Payments

Name on Credit Card: _____ Expiration Date (mm/yy): _____ CVV: _____

Billing Address: _____ City: _____ State: _____ Zip: _____