

High Desert Emmaus West Candidate Application Form

To be completed by candidate (please type or print legibly)

Date: _____

Name: _____ Preferred Name for Nametag: _____

Address: _____
Street City State Zip Code

Telephone Number(s): (H) _____ (W) _____ (C) _____

Email Address: _____ Occupation: _____

Birth Date (M/D/Y): _____ Sex: Male Female Marital Status: S M W D

If applicable, is Spouse Also Applying to Walk? Yes No If Yes, Spouse's Name: _____

Church: _____ Pastor's Name/Phone Number: _____

Your Medical, Dietary, and Emergency Information

List Food Allergies or Special Dietary Needs: _____

List medications you must take (type and frequency): _____

Emergency Contact Name	Relationship	Address	Phone
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Candidate Statements

1. In what ways are you involved in church or church activities? _____

2. Why do you wish you become involved in the Walk to Emmaus? _____

3. Has the Walk to Emmaus been explained to you? Yes No

If yes, list who explained it to you: _____

4. If selected, are you able to attend from Thursday evening through Sunday evening? Yes No

Please Return this form to your sponsor who will mail or send it to:

High Desert Emmaus West - P.O. Box 6946, Lancaster CA 93539-6946, Attn: Registrar

Form Date: 02-28-2012 Rev B