

PILGRIM APPLICATION



WALK TO
EMMAUS
THE UPPER ROOM®

About the Walk Experience

The gospel of St. Luke relates the story of the risen Christ appearing to two disciples who were walking along the road from Jerusalem to Emmaus (Luke 24:13-35). This story provides the basis for the Walk to Emmaus, a program which begins with prayerful discernment, and which calls forth and renews Christian discipleship. The program is not an actual walk. It is a 3-day (72 hour) experience which begins Thursday evening and concludes Sunday afternoon. Discussions center around 15 talks given by laity and clergy. There will be singing, learning, laughing, worshiping, reflecting, praying and participating in small groups.

Two friends were walking together. They were sharing their deepest hearts' concerns. The risen Christ joined them. They did not recognize Him. He explained the scriptures as they walked, how it was ordained that Christ should suffer, and so enter His glory. This time together on the road was a heart-warming journey, while the risen Christ walked and talked with them. The illuminating climax of the experience was when Christ took the bread and said the blessing, then broke it and gave it to them. Their eyes were opened and they recognized Him as the risen Christ.

As in this Bible story, the Walk to Emmaus is with friends; the scriptures are explained in such a way as to bring light and understanding to our needs. Jesus Christ can be met in a new way, as God's grace and love is revealed through other believers. Participants study, discuss and experience God's grace, and grace will become personal in small communities, through table group discussions. Those attending the weekend may personally experience God's grace through the prayers and acts of service from a living support community, and discover how grace is real in their own lives, how to live a life of grace, and how to bring that grace to others.

One of the primary strengths of the Emmaus movement are the follow-up activities. Reunion Groups meet weekly to reflect on and share their discipleship opportunities and responsibilities. Such a group consists of two to approximately six people. A Pilgrim's Sponsor will help their Pilgrim find a Reunion Group. Regular monthly Gatherings afford an opportunity to join with other Emmaus Pilgrims in a particular geographic area to share fellowship, worship and informal instruction. A monthly Community Newsletter provides information about community activities, as well as plans for future Walk weekends. **The real focus of the Emmaus Community is not on itself, but on the local church and on an individual's personal spiritual renewal. The objective of Emmaus is to inspire, challenge and equip local church members for Christian action in their homes, churches, places of work and communities.**

Date of Walk: _____

Location of Walk: _____

- *The sponsoring organization of this Walk, New Life Emmaus Community, is a not-for-profit Subsidiary Ministry and Mission of Universal City United Methodist Church.*
- *New Life Emmaus Community operates in direct Covenant with the program provider, the International Emmaus Program of Upper Room Ministries, Nashville, Tennessee.*
- *Upper Room is related to The United Methodist Church as a division of its General Board of Discipleship, which calls forth and renews Christian discipleship.*
- ***Upper Room Ministries, New Life Emmaus Community, and The Walk to Emmaus are interdenominational (ecumenical) in their mission, makeup, intent and nature.***

You may retain this portion of the application, and the following page, for your records.

**INSTRUCTIONS FOR COMPLETION OF THE
UPPER ROOM (UR) WALK TO EMMAUS PILGRIM APPLICATION**

Please take special note of the following questions on this Pilgrim Application. All information must be complete.

INFORMATION REGARDING YOUR CHURCH MEMBERSHIP

Because Emmaus programs are not intended to make disciples, but rather strengthen those who are already disciples, persons accepted for any Walk to Emmaus are expected to be ACTIVE members of a Christian congregation. **NO EXCEPTIONS TO THIS POLICY.** Please make note of this before you submit your application; otherwise the packet may be returned.

Persons who are members of one congregation but are actively attending another congregation should reconcile the issue of where God is calling them to serve and make a commitment to one community before applying for any Walk to Emmaus. This enables the candidate to participate FULLY in that community upon their return from the Walk.

HAS THE WALK BEEN EXPLAINED TO YOU? Make sure you are fully aware of what the Walk to Emmaus program is all about. If you have questions, ask your Sponsor for more information. Your Sponsor should not sign this form until he/she has explained everything, including the events after the weekend, to you and if applicable, your significant other.

IF THE WALK IS CANCELLED OR CANDIDATE CANNOT ATTEND...the Sponsor, Pilgrim and/or Lay Director may (a) request a refund or (b) request for a transfer to a future Walk. If the Pilgrim is paid in full and the application is on file, you will not need to submit a new application, **but you will be asked to review, reconfirm and update all of the information you provided herein.** Requests for a transfer or a refund must be made in WRITING either through email or regular mail to the Community Registrar. Refunds are issued to the original payer.

INFORMATION ON SPECIAL NEEDS...It is especially important to know if you have any special needs or challenges. It is rare that any such need cannot be met; however, **New Life must know in advance** in order to prepare for your full participation in the Walk activities. Please notify New Life as far in advance as possible by completing the attached **Emergency Medical Information & Special Needs** form, and the attached **Special Dietary Restrictions** form, which both include our **Confidentiality & Privacy Statement.** New Life's desire and practice is to do the absolute best to meet special needs and challenges. **NONE OF THIS INFORMATION WILL BE RELEASED EXCEPT TO THOSE RESPONSIBLE FOR MEETING YOUR PHYSICAL, MEDICAL OR DIETARY NEEDS.**

SIGNATURES REQUIRED ON THE FORM... There are three (3) signatures REQUIRED for reservation. All three need to be present or the form will be returned for completion, which may result in a delay of your registration. IT IS THE RESPONSIBILITY OF THE SPONSOR TO SEE THAT ALL THREE SIGNATURES ARE PRESENT!

- 1. YOUR SIGNATURE** – This is your free commitment to accept God's invitation to attend the Walk to Emmaus renewal weekend. Therefore, the form must be signed by you personally - not your Sponsor, spouse, friend, or parent (they cannot make such a free commitment for you).
- 2. YOUR PASTOR'S SIGNATURE** – This signature is the commitment of the clergy member of the congregation that you serve and worship in to work with you in developing your service to God after the Weekend. There can be no substitute to this policy. The Clergy member does not have to have been on a Walk him/herself, and the Walk is not intended to bypass or usurp the authority of the pastor of your congregation in any way. If your pastor is opposed to your attending a Walk to Emmaus weekend, it will be difficult for you to serve effectively in your church after your journey and you may feel frustrated and discouraged. Your Sponsor or the Spiritual Director of New Life Emmaus Community may contact the clergy member if he/she is hesitant or uncertain.
- 3. YOUR SPONSOR SIGNATURE** – This is your Sponsor's commitment to both you and to the Community - that he/she is willing to help you prepare for your weekend, care for your family while you are away, and help you become more active in service after the Walk. This signature emphasizes the great importance the New Life Emmaus Community and the Walk to Emmaus program places on your Sponsor.



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PILGRIM APPLICATION

- **ALL APPLICATION PORTIONS AND PAYMENT IN FULL ARE REQUIRED BEFORE APPLICATION CAN BE PROCESSED**
- THE PILGRIM, SPONSOR, AND PASTOR MUST COMPLETE AND SIGN THEIR RESPECTIVE SECTIONS
- PILGRIM CANDIDATES WITH INCOMPLETE APPLICATIONS WILL BE PLACED ON THE WAITING LIST AND THEIR PAPERWORK RETURNED UNTIL A COMPLETE APPLICATION, INCLUDING FULL PAYMENT, IS RECEIVED.
- RETURN THE COMPLETED FORM TO YOUR SPONSOR, SO THEY MAY FILL IN THEIR SECTION
- CONFIRM WITH YOUR REGISTRAR THAT YOUR APPLICATION HAS BEEN RECEIVED AND IS COMPLETE

PLEASE CHECK WITH THE EMMAUS COMMUNITY HOSTING THE WALK FOR PAYMENT & SCHOLARSHIP INFORMATION.

Walk # _____ Date _____ Cost \$ _____ Location _____

If you are put on the wait list, can you attend on short notice? 1 Week 3 – 4 Days Less than 3 days

Last Name: _____ First Name: _____ Name Tag: _____

Male Female Date of Birth: (M/D/YY) _____ Email Address: _____

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

Home Phone: _____ Cell Phone: _____ Work/Other: _____

Church Name presently attending: _____

Marital Status: _____ Number of Children: _____ Do you smoke? Yes No

Ordained Clergy? Yes No Occupation: _____

Has the Walk been fully explained to you? Yes No Has Post-Walk follow up been explained? Yes No

Name of Emmaus local church group and/or Emmaus Community for Post Walk gatherings that you will attend (check with your Sponsor if unclear what the name is): _____

Do you have any special dietary needs or food allergies? Yes* No

If YES* please explain: _____

Do you have any special health problems or physical needs? Yes* No Are you able to climb stairs? Yes* No

If YES* please explain: _____

REGISTRATION CANCELLATION/CHANGE/REFUND/RETURNED CHECK POLICY:

All changes (changes in information, Walk dates, cancellations or requests for a refund) in Walk Registration must be submitted to the Registrar in writing (by email/mail). Registration fees can be transferred in full to another Walk or Pilgrim before the cancellation deadline. Full refunds will be issued to the payer of the registration fee minus a \$25 processing fee. There is a \$25 fee charged on all returned checks.

Pilgrim Signature: _____ Date: _____

Mail completed application packet and fee to:
NEW LIFE COMMUNITY REGISTRAR
C/O UNIVERSAL CITY UMC
90 WINN AVE, UNIVERSAL CITY TX 78148
Make Check Payable to:
NEW LIFE EMMAUS COMMUNITY
NLECRRegistrar@gmail.com

*****CLERGY INFORMATION*****

(See #2 Instructions)

Your Pastor's Name: _____ Church Name: _____

Your Pastor's Signature: _____ Pastor's Email: _____

Have you attended Emmaus, Cursillo, Via de Cristo, Tres Dias, Chrysalis, or any other recognized 3-day Weekend?

No Yes If Yes, Event # _____ When? _____ Where/Community _____

*****SPONSORS INFORMATION*****

(See #3 Instructions)

Sponsorship is the most important job in all Walk to Emmaus events. The quality of Sponsorship influences the Pilgrim, the health of the Emmaus movement, and the Church in which the Pilgrim will serve. 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 this candidate's journey for you to be a fully participating Sponsor. *If you cannot answer YES to all of the following, then please reconsider whether you are best suited to act as this applicant's Sponsor.*

Did you attend a recognized 3-day experience (Emmaus, Chrysalis, Cursillo, Tres Dias, etc)? Yes (circle) No

When? _____ Event # _____

Yes 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.)

Yes No Are you active in your local Church?

Yes No Are you praying for your candidate?

Yes No Will you personally bring your candidate to the Walk site for check-in?

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

Yes No Have you informed the candidate and spouse that they should expect to have no contact during the weekend, except in case of emergency?

Yes No Will you care for the needs of your candidate's spouse? (Ex: mow the lawn, help with emergency tasks, offer childcare, get the family to church, etc.?)

Yes No Has candidate suffered from a loss (death, divorce, etc.) this past year?

Yes No Is the candidate emotionally ready to attend?

Yes No Are you able and willing to assist the candidate to get into a reunion group?

Yes No Have you explained the post-Walk follow-up meeting?

Yes No Will you bring agape food & gifts?

Yes No Can you fulfill Sponsor responsibilities if your candidate attends on short notice?

As a Sponsor, you are responsible for participating in these events. Please indicate the Walk events you will attend:

Registration Sponsor's Time Worship
 Closing First Reunion Group First Gathering

PLEASE PRINT CLEARLY: Please check if this is a new address.

Sponsor's Name: _____

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

Home Phone: _____ Cell Phone: _____ Work/Other: _____

Email Address: _____

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 demonstrate that exhibits his/her commitment to Christ? _____

To **your** knowledge, does this candidate have an addiction that would prevent full participation? Yes No

****If answered 'yes' to the last question, it is advisable to wait to Sponsor this candidate until these issues are resolved.****

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

Sponsor's Signature: _____ Date: _____

SPECIAL DIETARY RESTRICTIONS (Confidential*)

For the purposes of meal planning, and in the event of a medical emergency, proper completion of this form will greatly assist your Sponsor, the Walk Team and EMS.

ATTENDEE NAME: _____ WALK #: _____ WALK DATE: _____

Male Female

Date of Birth: (M/D/YY) _____

SPONSOR: _____ BEST PHONE: _____

SPONSORS, PILGRIMS, TEAM MEMBERS

*For those with food allergies or special dietary preferences,
please bring what you or your Pilgrim will need for the Walk.*

The Team will provide Gluten-Free Wafers for Holy Communion.

While we will do our best to work with the Walk Site and their Kitchen Staff,

New Life Emmaus Community is unable to expressly guarantee what is or is not in the food prepared for the Walk.

SPECIAL DIETARY RESTRICTIONS (please check and/or circle all that apply)

Diabetic / Sugar Free

Vegan / All Plant Based

Peanut Allergy

Lactose Intolerant / Dairy Free

Celiac / Gluten Free /
Wheat Allergy

Tree Nut Allergy (walnuts,
almonds, pecans)

Egg Allergy

Corn Allergy

Shellfish / Fish Allergy

Soy Allergy

OTHER ALLERGIES (be specific): _____

MAJOR MEDICAL CONDITIONS (be specific): _____

PLEASE NOTE

- ALL PILGRIMS AND TEAM MEMBERS WITH A PRESCRIBED EPI-PEN MUST BRING AN EPI-PEN TO THE WALK.
- ALL PILGRIMS AND TEAM MEMBERS WITH PRESCRIBED INSULIN MUST BRING THEIR INSULIN, THEIR TEST KIT, AND PROPER INJECTION EQUIPMENT TO THE WALK. REFRIGERATION WILL BE AVAILABLE.

**CONFIDENTIALITY & PRIVACY: Disclosure of information on this page shall serve as: a) consent of the individual to share this information with their Sponsor and certain appropriate Leaders on the Walk Team, and b) consent that it will be shared further only to those responsible for meeting your physical, medical and dietary needs. New Life Emmaus Community is committed to respecting and protecting the privacy of all personal information of Pilgrims and Team Members, and will NOT release any personal information without express consent of the individual. Post-Walk, these Records shall be maintained in strict privacy and confidentiality, according to recordkeeping best-practices, by the New Life Emmaus Community Registrar, and under the Supervision of the New Life Emmaus Community Board of Directors. Walk Team Members must update their own information on this page for each Walk on which they serve.*

EMERGENCY MEDICAL INFORMATION & SPECIAL NEEDS (Confidential*)

In the event of a medical emergency, proper completion of this form will greatly assist the Walk Team and EMS.

ATTENDEE NAME: _____ WALK #: _____ WALK DATE: _____
 Male Female Date of Birth: (M/D/YY) _____

SPONSOR: _____ BEST PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT CELL PHONE: _____ HOME PHONE: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

Town where Physician practices: _____

Preferred Hospital after Stabilization*: _____

*(New Life makes no representations or guarantees about where initial or long-term transport will be; we will, however, make every effort to make known the wishes of the attendee and his/her Physician.)

MEDICAL INFORMATION (please list below or attach a list)

LIST ALL PRESCRIPTION DRUGS, OVER THE COUNTER ("OTC") ITEMS AND SUPPLEMENTS, AND ESSENTIAL OILS

MEDICATION/ITEM, PURPOSE, DOSAGE:	MEDICATION/ITEM TIME:
_____	_____
_____	_____
_____	_____
_____	_____

DRUG & FOOD ALLERGIES (be specific): _____

MAJOR MEDICAL CONDITIONS (be specific): _____

SPECIAL OCCUPATIONAL NEEDS (be specific): _____

SPECIAL MOBILITY NEEDS (be specific): _____

MEDICAL EQUIPMENT AND SUPPLIES (crutches, CPAP, etc.) (CPAPs: electricity will be available and provided; it is advisable to bring an extension cord with you): _____

MEDICAL DEVICE IMPLANTS (pacemaker, insulin pump, etc.) (please bring a copy of any device ID cards, if available): _____

PLEASE NOTE

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- ALL PILGRIMS AND TEAM MEMBERS WITH PRESCRIBED INSULIN MUST BRING THEIR INSULIN, THEIR TEST KIT, AND PROPER INJECTION EQUIPMENT TO THE WALK. REFRIGERATION WILL BE AVAILABLE.

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