



SPONSOR Information Form for Walk # _____

PRINT Name of Candidate _____ Church _____

PRINT Name of Sponsor _____ Church _____

Sponsor address _____

City _____ State _____ Zip _____

Phone# Home _____ Cell _____

Email address: _____

Name & Denomination of church now attending: _____

Where did you make your Emmaus/Cursillo/Chrysalis/Other Walk _____

Walk or Flight # _____ When? (estimate if necessary) _____

Are you now part of an Emmaus reunion or accountability group? _____

When was your last sponsor training? (highly recommended every 2 years) _____

Expectations of the Sponsor can be found at www.sneemmaus.org/wp/sponsorship

Are you praying and sacrificing for your candidate? _____

How long have you known the candidate? _____

Why do you feel this person would be a good candidate? _____

Does the candidate have any physical or mental health concerns that would impact their Walk to Emmaus Weekend? List any known issues: _____

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? Please give reason – details not needed (recent death in the family, mental health issues, family stresses) _____

Name of Candidate _____ Walk # _____

Are you able and willing to help the candidate to get into an Emmaus Reunion Group?
Yes/No

If the candidate is married, have you discussed the weekend with his/her spouse? Yes/No

Is the candidate's spouse also attending this Walk to Emmaus? Yes/No

Will you bring your candidate to the Emmaus site? Yes/No If no, who will bring them?

Will you attend Sponsor's hour? Yes / No

Candlelight? Yes / No Closing? Yes/No

Can you care for the needs of the candidate's Spouse/family over the Weekend? Yes/No

Have you explained the post-weekend or 4th Day meeting? Yes/No

Are you aware of the importance of minimal contact with your candidate during the Weekend, especially if the candidate is your own spouse? Yes/No

Please explain any "No" responses: _____

Are there any other issues/concerns to share with the Weekend Team? _____

Sponsor's Signature: _____

Cost for Walks held at Holy Cross Retreat House is \$250. We never want lack of funds to keep a Pilgrim from participating, so scholarship funds are available for anyone who needs financial help. This information is strictly confidential.

PLEASE MAIL THIS FORM WITH THE CANDIDATE'S APPLICATION
AND A \$100 DEPOSIT TO: SNE Emmaus, P.O. Box 125, Manville, RI 02838.

Checks should be made payable to SNE Emmaus.

Or, you may scan the forms and email them to the Registrar at
sne.registrar@gmail.com,
while mailing the deposit to the address noted above.

You will be notified by email if your candidate is accepted for the current Walk.

*As part of your first act of Agape for your Pilgrim, would you consider
paying their deposit or offering a donation toward general scholarship funds?*