



DATE RECEIVED: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

CHECK NO: \_\_\_\_\_

## YOUNG ADULT JOURNEY

### Young Adult Walk to Emmaus

### Hoosier Hills Chrysalis Community

**Young Adult Journey is open to Never Married Post High School**

**Applicants from the age of 19 through 24**

Will the **Applicant** please **print** and **answer all questions** so your needs will be met while you are on the Walk.

NAME: \_\_\_\_\_ NAME TAG: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AREA/PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

MALE / FEMALE (Circle One)      CURRENT SCHOOL/COLLEGE (if any) \_\_\_\_\_

Name and denomination of our Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Address: \_\_\_\_\_

What School, Religious, or Community Organizations are you active in? \_\_\_\_\_

Are you on a special diet for medical reasons? (If yes, explain): \_\_\_\_\_

Are you on special medication? (If yes, explain): \_\_\_\_\_

Do you have any health or physical handicaps that will require special facilities? (Please explain): \_\_\_\_\_

State briefly why you wish to be involved in Chrysalis and what you expect from it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

+++++++ **PLEASE NOTE AND SIGN AS INDICATED** +++++++

Please enclose a deposit of \$20 (or the entire amount) to be applied toward the Flight fee of \$100. Make checks payable to HOOSIER HILLS CHRYSALIS COMMUNITY. You will be notified of your acceptance and the dates and location of your walk. If you are unable to go when your names comes up, your name will go back to the top of the list for the next available walk. After declining a walk date twice, your \$20 deposit will be forfeited and you will have to submit a new application.

After completing the above section, please give this form to your SPONSOR from Emmaus or Chrysalis. Your Sponsor will serve as your link with the Chrysalis Community.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

+++++++ PLEASE NOTE AND SIGN AS INDICATED ++++++

**YOUNG ADULT JOURNEY**  
**Hoosier Hills Chrysalis Community**

SPONSOR – Please fill out the information below. Once this form is completed, you are responsible for sending it to the Registrar whose address is listed below.

Applicant's Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ How long have you known candidate? \_\_\_\_\_

How? \_\_\_\_\_

Name of Church you are attending? \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

Where did you take your WALK? \_\_\_\_\_

When? (MM/DD/YYYY) \_\_\_\_\_ Emmaus or Chrysalis Flight # \_\_\_\_\_

Are you in a reunion or sharing group? \_\_\_\_\_

Have you served as a sponsor before? \_\_\_\_\_

Are you willing to pray and sacrifice for the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Why do you think this person would benefit from the Young Adult Journey? \_\_\_\_\_

Does the applicant have any physical or mental health concerns that should be brought to the attention of the Spiritual or Lay Directors? \_\_\_\_\_

Who will bring the applicant to the weekend site? \_\_\_\_\_

Who will take the applicant home? \_\_\_\_\_

Will you attend the sponsor's hour? \_\_\_\_\_ Candlelight? \_\_\_\_\_ Closing? \_\_\_\_\_

Will you accompany applicant to monthly gatherings after the weekend? \_\_\_\_\_

Are you aware of the importance of minimal contact with the Candidate during the weekend? \_\_\_\_\_

Remember sponsoring a Candidate is both a joy and a responsibility. The Young Adult Journey is not constructed to solve deep-seated personal problems. It is designed to provide those attending, a deeper understanding of what it means to be a disciple of Christ.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please furnish any additional comments below that could help the team understand and deal more effectively with the needs of the candidate. Comments about the candidate's home life, his/her doubts, difficulties and hopes would be of great help. \_\_\_\_\_

**PLEASE RETURN FORM TO:**

**Registrar**  
**P. O. Box 88**  
**Clear Creek, Indiana 47426-0088**

**THANKS FOR YOUR TIME AND SUPPORT FOR THE CHRYSALIS PROGRAM**