

Please complete the front page and return to your sponsor:

# Heart of America Camino Candidate Application

Date: \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

His occupation & work/cell phone: \_\_\_\_\_

His e-mail \_\_\_\_\_

Her occupation & work/cell phone: \_\_\_\_\_

Her e-mail \_\_\_\_\_

Member of \_\_\_\_\_ Church, located in \_\_\_\_\_

Length of membership: \_\_\_\_\_

Check all that apply

- Single
- Married
- Widowed
- Divorced

MALE	FEMALE
Why do you wish to attend Camino? _____ _____ _____	Why do you wish to attend Camino? _____ _____ _____
<input type="checkbox"/> Any health problems or physical needs which might affect your weekend? <i>(Attach sheet if necessary)</i> _____ _____	<input type="checkbox"/> Any health problems or physical needs which might affect your weekend? <i>(Attach sheet if necessary)</i> _____ _____
<input type="checkbox"/> Physician ordered special diet / food allergies: _____ _____	<input type="checkbox"/> Physician ordered special diet / food allergies: _____ _____
<input type="checkbox"/> Smoker	<input type="checkbox"/> Smoker

This application is for Camino weekend # \_\_\_\_\_ to be held for the men on \_\_\_\_\_ and for the women on \_\_\_\_\_ at \_\_\_\_\_ Church in \_\_\_\_\_.

**RELEASE:** *The undersigned, in consideration of the opportunity to participate in activities sponsored by Heart of America Camino, Inc. (HOAC), hereby forever releases and agrees to hold harmless HOAC, Inc., the host church, and their officers, members, agents and employees, from liability for any and all claims for damages (including claims for personal injury) arising from the negligence of the host church, HOAC, Inc., or any participant in the HOAC activity.*

Signed \_\_\_\_\_

Signed \_\_\_\_\_

**The fee for the weekend is \$50/person.**

Please attach your check, payable to *Heart of America Camino* (or simply **H.O.A.C.**).

**Please note:** You will be notified at least two weeks before Camino of your acceptance. Your sponsor will arrange transportation to and from the weekend. Occasionally there are more applications than space available. When this happens you will automatically be scheduled for the next weekend unless you specify otherwise.

## Camino Clergy's Endorsement

Candidate's name(s) \_\_\_\_\_

The person(s) above has applied to attend a Camino Weekend. Your comments are essential to the preparation for the weekend. Without them it is often difficult for the weekend leaders to meet the candidate's needs effectively.

Is the candidate(s) a member(s) of your church? \_\_\_\_\_

If yes, for how long? \_\_\_\_\_

How well do you know the candidate(s)? \_\_\_\_\_

In what ways is the candidate(s) active in the church? \_\_\_\_\_

\_\_\_\_\_

Why would you like to see this person(s) attend Camino? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Without going into detail, comment on any problems which might affect the

Weekend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clergy Name \_\_\_\_\_

Clergy Signature \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

***Please return to the Sponsor when completed.***

## Camino Sponsor's Endorsement

Candidate's name(s) \_\_\_\_\_

Sponsor's name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Have you reviewed the Sponsor's Guidelines? \_\_\_\_\_

Please state why you want this person(s) to attend Camino: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give some background information (profession, church participation, community involvement, special talents, personality characteristics, special needs) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you talked with your candidate(s) about the weekend? \_\_\_\_\_

Have you explained the Post Camino? \_\_\_\_\_

Will you support your candidate(s) before, during and after the weekend? \_\_\_\_\_

What HOAC Weekend did you attend? \_\_\_\_\_

Your Church: \_\_\_\_\_

I understand I must inform the candidate(s) of items to take to the weekend. I understand my responsibility also includes transportation to and from the weekend, Consuno participation, and assisting them in finding or starting a Reunion Group.

When all three sections of application are complete, send with weekend fee to:

**Heart of America Camino  
Attn: Selection Committee  
PO Box 411683  
Kansas City, MO 64141-1683**

*Revised 6/2009*