



# Emmaus Encounter: Pastor Form

## Pastor Information

Parish: \_\_\_\_\_

Please select role: ☐ Pastor ☐ Assistant Pastor

Full Name: \_\_\_\_\_  
Title First Name Last Name Suffix

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Applicant Information

Parishioner (Applicant) Name: \_\_\_\_\_  
First Name Last Name

What ministry (or ministries) does this person serve in at the parish? Please describe their role:

## Pastor Consent

☐ I understand that this is an 8-month program (mid-May 2025 to Mid-January 2026). I have read the requirements and am recommending this person for the program.

☐ I understand the pastor component\* of the program and I agree to make myself available for these three check-ins.



*\*During the program, the participant is asked to arranged 3 check-ins with their pastor to update on their progress and what they are learning. One in June /July after they have completed their first workshop on the role of the laity, one after they create their mentoring plan (approx. September), and one at the conclusion of the program (December /January).*

## Program Fee

The program fee is **\$650.00\*** per person. Do you plan to cover any of the cost for your parishioner?

☐ All cost

☐ Some cost

☐ No cost

If you will be covering some of the cost, how much do you plan to pay? \_\_\_\_\_

***Please note the amount indicated here will be invoiced to your parish and must be paid by Friday, May 2, 2025, to secure your parishioner's spot.***

*\*Based on double-occupancy room for the retreat weekend, additional fee if the participant is requesting a private room.*

## Authorization

Pastor's Name:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

Date of signage:

\_\_\_\_\_

*Once this document is printed and signed, please upload with your application.*