

Florida Presbyterian Pilgrimage #15 Shepherd Application

Shepherd's Name: _____

E-mail: _____ Phone: _____

Address: _____

Church: _____ Weekend attended _____

Pilgrim's Name: _____ City: _____

If the Pilgrim is married, has their spouse attended a Pilgrimage weekend? _____

If known, when: _____ where: _____

If no, has the spouse a desire to attend a Pilgrimage weekend? _____

How long have you known your applicant? _____

What is your relationship with him/her? _____

How long have you been discussing Pilgrimage with your applicant?

Is your applicant active in church activities? _____

Is your applicant ordained? If so, to what? _____

Does your applicant have any emotional or physical challenges? Explain:

Does your applicant need any special accommodations? If so, explain:

Please describe any characteristics of your applicant that will be helpful for table assignments (for example, leader, talkative, quiet, shy, going through painful divorce, searching for self, recent widow/er etc.)

Why do you think your applicant wishes to attend a Pilgrimage weekend?

Do you accept the responsibilities as outlined in the "Guidelines for a Pilgrimage Shepherd"?

Shepherd's Signature: _____ Date: _____

Please mail this form to: Christine Johnson, Registrar, 237 Mystic Falls Drive, Apollo Beach, FL 33572. If you have any questions email them to ChristineJohnson841@gmail.com

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