

About the Traveler

Complete Name (exactly as it appears in your passport):

Date of Birth: / /

Name: Name:

Passport Information:

Passport Number: Expiration Date: / /

Country of Issue:

Contact Information:

Address:

City/State: Zip:

Home Phone: () Cell Phone: ()

Email:

What parish/group do you belong to?

How did you hear about us?

Health Insurance:

Subscriber's Name:

I am interested in traveling

Jul. 3rd to Jul. 13th or

Sep. 11th to Sep. 21th

Applying for:

Pilgrimage

Volunteer

(select only one)

Special Needs Pilgrim

Stagiaire (18 to 65 years old)

HDM Adult

Pilgrim

HDM Youth & Young Adult

HDM Medical

Languages you speak fluently: English: Spanish: French: Other:

Travel Package: Full package Land package

Emergency Contact: (person not traveling with you)

Name:

Relationship: Contact Phone: ()

If serving the Sanctuary:

If serving at the Sanctuary, what year of Stagiaire will you be doing?

If serving at the Sanctuary, what Service would you like to sign up for?

For Women: St. John the Baptist (Baths) Notre-Dame (Reception & Assisting the Sick) St. Joseph

For Men: St. Joseph

Have you completed VIRTUS training? YES Date: / / NO

Have you completed background checking? YES Date: / / NO

Are you in the medical field: YES Occupation NO