

About the Traveler

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

Date of Birth: / /

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

Jun. 24th to Jul. 5th or

Sep. 16th to Sep. 27th

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

List any travel companions

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: Service St. John the Baptist (Baths)

Service Notre-Dame (Reception & Assisting the Sick)

For Men: Service St. Joseph (only one choice)

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