

**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. 24<sup>th</sup> to Jul. 4<sup>th</sup> or*

*Sep. 16<sup>th</sup> to Sep. 26<sup>th</sup>*

**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