

About the Traveler

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

Date of Birth: MM / DD / YYYY

Name: First Middle Last

Passport Information:

Passport Number: Expiration Date: MM / DD / YYYY

Country of Issue:

Contact Information:

Address:

City/State: Zip:

Home Phone: () Cell Phone: ()

Email:

What parish/group do you belong to? Parish/Group

How did you hear about us?

Health Insurance: Insurance Company Policy#/Group IP

Subscriber's Name:

I am interested in traveling

June 24 to July 4, 2022

Applying for:

Pilgrimage

Volunteer

(select only one)

Special Needs Pilgrim

Stagiaire (18 to 65 years old)

Adult

Pilgrim

Youth & Young Adult

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: First Middle Last

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: MM / DD / YYYY NO

Have you completed background checking? YES Date: MM / DD / YYYY NO

Are you in the medical field: YES Occupation NO