



*Our Lady of Lourdes Hospitality*  
North American Volunteers, LTD.

# General APPLICATION

2018

Please print clearly, sign and mail to: Our Lady of Lourdes Hospitality North American Volunteers, 107 Michaels Ave Syracuse, NY 13208

These forms completed by:  applicant  someone else Date: \_\_\_\_\_

I am applying as a:  Pilgrim  Volunteer  Chaplain  Youth Pilgrimage Volunteer (select one below)  
 Medical Professional (List Specialty): \_\_\_\_\_  
 Youth (age 14-17)  
 Young Adult (18-24)  
 Chaperone

Complete Name (exactly as it appears or will appear on your passport):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title/Certifications: (Mr., Mrs., MD, RN, etc.) \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Passport #: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Passport Application / renewal in process/date submitted: \_\_\_\_\_

Permanent Address (Home or Parent/Family Home Address):

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address, if applicable (PO Box, APO Address or School Address):

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you completed Safe Environment training and a background check?  Yes  No Date: \_\_\_\_\_

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

Your profession (or if retired, former profession): \_\_\_\_\_  Licensed

Military Affiliation and Rank: \_\_\_\_\_

Have you travelled internationally?  Yes  No Knights of Columbus Affiliated?  Yes  No  
 If yes, when and where? \_\_\_\_\_ Degree: \_\_\_\_\_ Council: \_\_\_\_\_

Have you travelled on pilgrimage with North American Volunteers?  Yes  No

History of Past Service at Lourdes: Do NOT count this year.

Total # Years Service to a NAV Special Needs Pilgrimage: 1 2 3 4 5+ List Years: \_\_\_\_\_

Total # Years Service to Hospitalité HNDL: 1 2 3 4 5+ List Years: \_\_\_\_\_

Have you attended our Volunteer & Medical Conference? What year(s)? \_\_\_\_\_

How did you hear about us?

Friend  TV  Newspaper  Radio  Internet  Virtual Pilgrimage  Speaker  Brochure

Please continue to the reverse side of this application and to the Health Information Form. ⇨

## APPLICATION AGREEMENT

2018

*This application is made with the following understanding, subject to the receipt of pilgrimage deposit and registration approval:*

- **I am responsible** for myself and I understand I am traveling at my own risk and expense OR **my responsible parent/legal guardian** understands and accepts the risks and expenses for my travel.
- **I agree to the Terms and Conditions** as provided with this application.
- **I agree to hold harmless** Our Lady of Lourdes Hospitality North American Volunteers, LTD., and all its medical professionals, to include but not be limited to: physicians, nurses, nurse practitioners, physician assistants, paramedics, emergency medical technicians, physical therapists, respiratory therapists, paraprofessionals, practitioners or retirees, licensed and unlicensed, from medical, malpractice or financial liability or responsibility that may occur and/or result in any claim I or any third person might make on my behalf or behalf of my estate.
- **I agree to hold harmless** Our Lady of Lourdes Hospitality North American Volunteers, LTD., all staff, volunteers, assistants, youth helpers, companions, caregivers, leadership, agents, directors, officers and all others serving before and during the pilgrimage on which I participate from any financial liability or responsibility that may occur or result in any claim I or any third person or party might make on my behalf or the behalf of my estate.
- **I further agree to indemnify** Our Lady of Lourdes Hospitality North American Volunteers, LTD., and all associated persons from any litigation and all liability or financial responsibility that may occur as a result of any claim I or any third person or party might make on my behalf or on behalf of my estate.

## HEALTH INFORMATION, PRIVACY AND PERMISSION AGREEMENT

- **I understand** the information obtained through completion of the General Application and Health Information forms assists North American Lourdes Volunteers in their attempt to evaluate potential care needs that I may require during my participation on any pilgrimage.
- **I understand** that all records will be handled confidentially by North American Lourdes Volunteers staff, volunteers and the Medical Committee who agree to process and use this information solely for my benefit. During travel, all medical records will be held in the control of the pilgrimage leadership and may be disclosed to anyone who provides emergency or non-emergency medical assistance to me.
- **I certify**, to the best of my knowledge, all medical information provided on the Health Information form is complete and accurate. If, after I sign this form, I become aware of any error(s) or omission(s) of information, I will send the information necessary to correct the error or supply omitted information.
- **I will notify** North American Lourdes Volunteers in sufficient detail to permit them to reevaluate my needs to safely participate on pilgrimage, should any changes to my health occur prior to or throughout pilgrimage.
- **I certify** I am physically able to travel to Lourdes and participate in all pilgrimage activities OR information has been provided about my physical limitations and/or ability to participate in pilgrimage activities.
- **I give permission** to North American Lourdes Volunteers to contact my physician(s) and health care provider(s) to exchange health information necessary for the assessment, evaluation and administration of my care during travel and while on pilgrimage.
  - **Further, I give permission for the release of any records necessary** to North American Lourdes Volunteers for such assessment, evaluation and supportive care, as well as for referral, medical billing or insurance purposes.
- **I give permission** to North American Lourdes Volunteers to initiate and/or coordinate/supervise the provision of any emergency care I may require during pilgrimage. I understand that reasonable effort will be made to contact my listed emergency contact person(s) if emergency medical care is needed.

Applicant Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

*Co-signature of parent/custodial guardian required for applicants with guardianship or conservatorship and youth less than 18 years old:*

Parent/Guardian Name Printed \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and mail with completed Health Information Form.**





Our Lady of Lourdes Hospitality  
North American Volunteers, LTD.

# Health INFORMATION

Please print clearly, sign and mail to: Our Lady of Lourdes Hospitality North American Volunteers, 107 Michaels Ave Syracuse, NY 13208

Last Name (as it appears or will appear on passport):	First Name:	Middle Initial:	Date:
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Home Phone:(    )	Cell:(    )	Email:
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Age:	Birth:    /    /
				Month    Day    Year

\*Special diet:  none     diabetic     low sodium     gluten-free     vegetarian    other: \_\_\_\_\_  
Specialized meals are not available to volunteers; choices must be made from Sanctuary cafeterias daily menu offerings.

<b>Allergies</b>	<i>Please list all known allergens:</i>	<i>Please list reaction at exposure: hives, rash, etc.:</i>
Food:	_____	_____
Drugs:	_____	_____
Other:	_____	_____
<i>(latex, animals, plants, pollens, insect stings)</i>		Do you carry an EPI Pen with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Mobility (ALL manual and electric wheelchairs must be pre-approved by Air France):**

<input type="checkbox"/> fully able to walk	<input type="checkbox"/> fully able to sit and stand	<input type="checkbox"/> fully able to bend and lift
<input type="checkbox"/> able to walk short distance	<input type="checkbox"/> sit/stand with limits/assistance	<input type="checkbox"/> bending and/or lifting restrictions
<input type="checkbox"/> able to go up/down stairs	<input type="checkbox"/> use of stairs with assistance	<input type="checkbox"/> use of stairs with limitations
<input type="checkbox"/> unable to walk	<input type="checkbox"/> unable to sit or stand	<input type="checkbox"/> unable to bend
<input type="checkbox"/> use a cane at home	<input type="checkbox"/> use a walker at home	<input type="checkbox"/> use a wheelchair at home
<input type="checkbox"/> use a manual wheelchair	<input type="checkbox"/> use a dry-cell motorized chair	<input type="checkbox"/> use a wet-cell motorized chair
<input type="checkbox"/> provide a wheelchair for me	<input type="checkbox"/> will bring my dry-cell chair:	<input type="checkbox"/> will bring my wet-cell chair:

<b>wheelchair model:</b>	<b>weight:</b>	<b>folded measurement:</b>
		<i>length x width x height</i>

**Durable Medical Equipment Use/Supplies (please list all equipment or supplies you will travel with):**

<input type="checkbox"/> none	<input type="checkbox"/> Bi-Pap machine	<input type="checkbox"/> diabetes supplies
<input type="checkbox"/> feeding pump	<input type="checkbox"/> CPAP machine	<input type="checkbox"/> syringes
<input type="checkbox"/> oxygen concentrator	<input type="checkbox"/> nebulizer	<input type="checkbox"/> cane or walker
<input type="checkbox"/> wound care dressings	<input type="checkbox"/> ostomy appliances	<input type="checkbox"/> Other:

Details of the above medical supplies (i.e., machine make and model):

**Medications (please list all medications you will bring on pilgrimage and attach additional list, if needed)**

Drug:	Dose/Frequency:	Reason for taking drug:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assistance needed with medications?     Yes     No  
Does medication require refrigeration?     Yes     No

Please continue on reverse side ⇨

<b>Printed Name:</b>		<b>Signature/Date:</b>	
Health History - I have had or currently have (include dates):			
<b>CURRENT / PAST</b>		<b>CURRENT / PAST</b>	
<input type="checkbox"/> <input type="checkbox"/> abnormal blood pressure	<input type="checkbox"/> <input type="checkbox"/> bladder incontinence	<input type="checkbox"/> <input type="checkbox"/> abuse victim	
<input type="checkbox"/> <input type="checkbox"/> arthritis	<input type="checkbox"/> <input type="checkbox"/> bleeding disorder	<input type="checkbox"/> <input type="checkbox"/> depression	
<input type="checkbox"/> <input type="checkbox"/> asthma	<input type="checkbox"/> <input type="checkbox"/> blood-born (HIV, Hepatitis, etc.)	<input type="checkbox"/> <input type="checkbox"/> eating disorder	
<input type="checkbox"/> <input type="checkbox"/> eyesight impairment	<input type="checkbox"/> <input type="checkbox"/> bowel incontinence	<input type="checkbox"/> <input type="checkbox"/> fear of enclosed spaces/crowds	
<input type="checkbox"/> <input type="checkbox"/> diabetes: insulin-dependent	<input type="checkbox"/> <input type="checkbox"/> cancer: _____	<input type="checkbox"/> <input type="checkbox"/> mental/emotional disorder	
<input type="checkbox"/> <input type="checkbox"/> diabetes: non insulin-dependent	<input type="checkbox"/> <input type="checkbox"/> heart disease	<input type="checkbox"/> <input type="checkbox"/> nervous system disorder	
<input type="checkbox"/> <input type="checkbox"/> dizziness	<input type="checkbox"/> <input type="checkbox"/> intestinal disorder: _____	<input type="checkbox"/> <input type="checkbox"/> Post-Traumatic Stress Disorder	
<input type="checkbox"/> <input type="checkbox"/> hearing impairment	<input type="checkbox"/> <input type="checkbox"/> musculoskeletal disorder	<input type="checkbox"/> <input type="checkbox"/> psychotherapy	
<input type="checkbox"/> <input type="checkbox"/> hernia	<input type="checkbox"/> <input type="checkbox"/> open wounds, ulcers or sores	<input type="checkbox"/> <input type="checkbox"/> recent loss of a loved one	
<input type="checkbox"/> <input type="checkbox"/> nosebleeds	<input type="checkbox"/> <input type="checkbox"/> respiratory disorder: _____	<input type="checkbox"/> <input type="checkbox"/> substance abuse	
<input type="checkbox"/> <input type="checkbox"/> seizure disorder	<input type="checkbox"/> <input type="checkbox"/> spinal injury, surgery or disease	<input type="checkbox"/> <input type="checkbox"/> pregnant: due date: _____	
<input type="checkbox"/> <input type="checkbox"/> speech impairment	<input type="checkbox"/> <input type="checkbox"/> stroke	<input type="checkbox"/> <input type="checkbox"/> Other (Celiac, Crohn's, etc): _____	
Further describe conditions checked above: <input type="checkbox"/> acute <input type="checkbox"/> chronic <input type="checkbox"/> stable <input type="checkbox"/> improving <input type="checkbox"/> declining			
Date and reason last seen by physician:			
Date and reason for surgeries/hospitalizations:			
Current therapies: <input type="checkbox"/> none <input type="checkbox"/> physical <input type="checkbox"/> respiratory <input type="checkbox"/> speech <input type="checkbox"/> counseling <input type="checkbox"/> other:			
Care Needs:			
<input type="checkbox"/> no assistance needed	<input type="checkbox"/> assistance eating	<input type="checkbox"/> assistance bathing	
<input type="checkbox"/> wheelchair assist needed	<input type="checkbox"/> assistance getting up/down	<input type="checkbox"/> assistance toileting	
<input type="checkbox"/> care plan prescribed by MD	<input type="checkbox"/> assistance turning at night	<input type="checkbox"/> wound dressing assistance	
<input type="checkbox"/> health care plan attached	<input type="checkbox"/> assistance needed to dress	<input type="checkbox"/> other:	
Traveling: <input type="checkbox"/> alone <input type="checkbox"/> with a relative <input type="checkbox"/> with a friend or companion			Relationship:
Co-traveler's name:			Phone: (       )
Co-traveler to provide: <input type="checkbox"/> all care needs <input type="checkbox"/> some care needs <input type="checkbox"/> none (Lourdes Volunteers to provide care needs)			
Primary Care Physician: _____		City: _____	State: _____
Telephone: (       )		Fax: (       )	
Do you have a Health Care Proxy (i.e., DNR): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Advance Directives attached</b> , if applicable			
<i>(Health Care Proxy Name, if applicable)</i> Emergency Contact Name:			Relationship:
Home Phone: (       )	Cell: (       )	Work: (       )	
Address:			
<i>(not traveling with you)</i> Secondary Contact Person:			Relationship:
Home Phone: (       )	Cell: (       )	Work: (       )	
Address:			



# Terms & Conditions

## RESERVATION & PAYMENT INFORMATION:

- For those with flight reservations: a \$1,000 per person deposit is required at the time of registration. Full payment is due 90 calendar days before the scheduled departure date unless otherwise stated. If registration is made less than 90 calendar days from departure, full payment is required and a late fee of \$100 will be charged. For those joining without flight reservations: deposit and final payment are due as stated on pilgrimage brochures.
- Checks should be made payable to Our Lady of Lourdes Hospitality. Visa, MC, Amex and Discover are accepted. By providing your credit card information, you are authorizing Lourdes Volunteers to charge your credit card the specified amount.
- Additional fees may result from the following: name corrections or changes to issued tickets (\$150), flight itinerary changes (\$100 imposed by Lourdes Volunteers plus any additional fees imposed by Delta/Air France), and single supplement packages (varies per pilgrimage and subject to availability).

## CANCELLATIONS & REFUNDS:

- All cancellations must be in writing by the person who made the original reservation. Cancellations made before 90 days prior to departure will result in a \$500 cancellation fee. All payments are non-refundable after 90 days prior to departure. No refunds are given for cancellations made after Day 90. Additionally, at Day 90 you are obligated to pay the full pilgrimage price.

## PRICE & PARTICIPATION GUARANTEE:

- We can only guarantee prices when the trip is paid in full. Rates shown on website are based on shared occupancy and are as per each program's inclusions. All prices are shown in U.S. dollars and are calculated on currency rates and fares in existence at the beginning of the pilgrimage year.
- Lourdes Volunteers reserves the right to refuse to accept or retain or dismiss any person whose behavior or health is deemed to affect the operations of pilgrimage or adversely affect the safety or comfort of other passengers. Lourdes Volunteers shall be under no obligation or liability to any such person for any refund, compensation, repatriation or any other costs or expenses.
- North American Lourdes Volunteers reserves the right to change the itinerary of any pilgrimage at any time.
- If a minimum number of participants do not register, a pilgrimage can be cancelled. We will make reasonable effort to transfer your payment to another pilgrimage, or a full refund will be issued.
- Booked or purchased items outside of Lourdes Volunteers are the sole responsibility of participant.

## NOT INCLUDED:

Items of a personal nature, such as uniforms for volunteers, phone calls, laundry, beverages (other than water and coffee/tea at breakfast), alcoholic beverages, excess baggage fees, passport/visa fees, and any additional fees incurred such as single supplement, flight itinerary changes, and connecting airfare are not included in the pilgrimage price.

## PASSPORTS & VISAS:

**All passengers must have a valid passport** with an expiration date of more than six months after the date of your return. Some countries require visas. North American Lourdes Volunteers assumes no responsibility or liability for passport and visa procurement. Foreign Nationals must have a valid Passport and their green Alien Registration Card. Foreign nationals must also check with their Embassies and with the destination countries as to all visa requirements to foreign countries, U.S.A. requirements for re-entry, and with the Internal Revenue Service for any tax liabilities.

## INSURANCE INFORMATION:

A group travel/medical insurance policy from Travel Guard that covers pre-existing conditions is required for each participant. This mandatory insurance is not included in the pilgrimage cost. Payment for this insurance is required with your \$1000 deposit. Exceptions apply as detailed in each pilgrimage brochure. A description of coverage is provided in the application packet.

## SEAT ASSIGNMENT:

Seats are assigned by Delta/Air France for groups at check-in on the day of travel. After boarding, we may negotiate changes within our group. Lourdes Volunteers can not guarantee seat requests.

## LAND ONLY:

Land Only participants must make arrangements for air travel and ground transfers. When arranging your flights independently, be advised that Lourdes Volunteers is not responsible for connections or transfers of any kind.

## MEALS:

Three meals are provided each day. Beverages, other than water and tea/coffee at breakfast, are not included and are the responsibility of individuals. We try to accommodate special meal requests for Accueil stays. In cafeterias, individuals make selections for dietary preference.



**ROOMS:**

Accommodations are based on shared occupancy. Volunteers are housed in retreat style dormitories managed by the Sanctuary. Private bathrooms and individual shower rooms are provided on each floor. House rules must be obeyed. Roommate requests are encouraged, but not guaranteed. Requests for single supplements are limited, subject to need, but not guaranteed.

**Additional charges will be incurred for single rooms.**

**GROUP DEVIATIONS:**

Requests to change your scheduled flight itinerary are required in writing, in advance, handled on a first come, first served basis, after deposit is received. Delta/Air France limits the number of requests permitted on each pilgrimage. North American Lourdes Volunteers will impose a \$100 fee for the change in travel arrangements. Additionally, you are responsible for any fees imposed by Delta/Air France, any change in airfare and any change in travel insurance premium due.

**TRANSFERS & TIPS:**

Pilgrimages that include airfare also include round-trip transfers from airport to Lourdes and return, as well as all tips for drivers.

**SPECIAL MEDICAL CONDITIONS:**

- Medical conditions/disabilities requiring medication, awareness or special attention must be reported at the time of application on the medical form provided. Lourdes Volunteers, in its sole discretion, reserves the right to deny any person to accompany its pilgrimages to Lourdes for any reason, including failure to disclose a known significant medical condition.
- We make reasonable effort to accommodate pilgrims who are disabled, handicapped or needing assistance during group travel and group stay in Lourdes. We cannot guarantee and are not responsible for any denial of services by carriers or other independent suppliers.
- Please be aware that all our pilgrimages are operated outside the U.S. where the Americans with Disabilities Act is not applicable and facilities for disabled individuals are limited. Lourdes Volunteers is not responsible for any medical condition that occurs prior, during or after the pilgrimage.
- It is the responsibility of each pilgrim to notify Lourdes Volunteers of any changes to the information submitted on the Health Information Form due to changes in health/medication prior to departure.

**FINAL DOCUMENTS:**

Travel documents are delivered one week prior to travel. Documents are not guaranteed if final payment is not received. Upon receipt of documents, the pilgrim is responsible to check itinerary, spelling of name, dates and times to ensure validity. In the event that your documents have errors, it is the pilgrim's responsibility to **contact the Lourdes Volunteers office immediately.**

**PHOTOGRAPHY & VIDEO:**

During the pilgrimage, Lourdes Volunteers will be taking photographs and recording video of our volunteers and special needs pilgrims. Some of these photos and videos may be used in promotion and marketing for our association. If you do not wish to have any images of you, either in photographs or on a video recording, you must advise our office in writing. If you do not contact our office, you are agreeing to these terms and conditions.

**RESPONSIBILITY CLAUSE**

- The suppliers providing transportation, and volunteer and pilgrim accommodations are independent contractors and are not agents or employees of Lourdes Volunteers. All reservations, receipts and tickets issued are subject to the terms and conditions specified by suppliers and the laws of the countries in which services are supplied.
- By utilizing the service of the suppliers, you agree that Lourdes Volunteers will not be liable for any change in flight or itinerary schedule, strikes, delay, acts of governments, fire, riots, theft, pilferage, epidemic, quarantine, medical or customs regulations, accident, loss, injury, or damage to you or to those traveling with you in connection with any accommodations, transportation or any other services or resulting directly or indirectly from any occurrence or conditions beyond its control, including defects in vehicles, breakdown in equipment, thefts, delay or cancellation of or changes in itinerary for any act, omission, or event during the time you are on pilgrimage.
- Neither Lourdes Volunteers and/or agents of airlines concerned are to be held responsible for the late arrival of passengers at airports due to inclement weather, nor are they to be held liable for payment or any refund for transfers or unused accommodations or meals occasioned by such late arrivals. Pilgrims must bear all such losses or expenses. Lourdes Volunteers is not responsible for circumstances beyond its control.
- In circumstances where trip cancellations resulting from the inability for pilgrimage to depart as scheduled, such as cancellations due to acts of war and/or terrorism, war, God or nature takes place, Lourdes Volunteers is not liable for restitution.

**PRIVACY STATEMENT**

North American Lourdes Volunteers does not sell or divulge the names, addresses or any other personal information gathered by the Lourdes Volunteers website or mailing list to any third party or company.

**Lourdes Volunteers, PO Box 3820, Syracuse, NY 13220 USA, (315) 476-0026**