



SALT Carmelite Missionary Application

**Women from
18-40 years old**

"Abandonment is the most serious illness of the elderly and also the greatest injustice they can suffer. Those who helped us most to grow must not be abandoned when they need our help, our love, and our tenderness." - Pope Francis

**Please fax the completed forms to (518) 537-4725 or scan and email to staceys@avilainstitute.org.
For questions please contact Stacey Sumereau at staceys@avilainstitute.org.**

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|--|---------------------|---------------|---------------------------------|---------------|
| Select the date and location you are applying to attend: Albany, NY June 10-15 Optional extension June 16-22 Columbus, OH July 15-20 Optional extension July 21-27 | | | | |
| Last Name | First Name | Middle Name | Preferred Nickname | Date of Birth |
| Mailing Address | | City | State | Zip Code |
| Phone Number | | Email | | |
| List ALL Masters/Bachelors and Associates/Certifications as well as degrees in process. <i>Highest Level of Education Completed Name of Institution(s) Year of Graduation</i> | | | | |
| 1.) _____ | | | | |
| 2.) _____ | | | | |
| 3.) _____ | | | | |
| Have you ever been convicted of a crime (felony or misdemeanor outside of traffic violations)? <i>(If yes, please explain)</i> | | | YES | NO |
| How did you hear about the mission program? | | | | |
| Please list any existing or past experiences with the elderly... | | | | |
| Please list any ministry, work, service, or mission experience you have had... | | | | |
| Would you be interested in any of the following? | | | | |
| Activities | One-on-One Visiting | Music | Leading Reflection Group | |
| Group Visiting | Clerical Work | Pastoral Care | Participating in Exercise Group | |
| Please list any other skills and/or interests you have that you would like to share. <i>We are committed to utilizing participant's skills whenever possible.</i> | | | | |
| Have you ever worked with people with dementia? | | | YES | NO |
| What size t-shirt do you wear? <i>(We provide t-shirts to wear during the program.)</i> S M L XL XXL | | | | |
| I (PRINT NAME) _____, affirm that the information I have provided on this application is honest and accurate. I authorize the Carmelite Sisters for the Aged and Infirm, its affiliates, its agents and its representatives to investigate or authenticate, if necessary, any of the information provided on this application. | | | | |
| Signature: _____ | | | Date: _____ | |

Additional requirements: These requirements will be outlined in the mission packet in further detail to prepare the missionary for the experience.