



# 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](mailto:staceys@avilainstitute.org).  
For questions please contact Stacey Sumereau at [staceys@avilainstitute.org](mailto:staceys@avilainstitute.org).**

Select the date and location you are applying to attend: West Palm Beach, FL March 4-8      West Palm Beach, FL March 11-15 Naperville/Chicago, IL July 15-19      Optional extension July 22-26				
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.) _____				
<b>Have you ever been convicted of a crime (felony or misdemeanor outside of traffic violations)?</b> <i>(If yes, please explain)</i>			YES	NO
<b>How did you hear about the mission program?</b>				
<b>Please list any existing or past experiences with the elderly...</b>				
<b>Please list any ministry, work, service, or mission experience you have had...</b>				
<b>Would you be interested in any of the following?</b>				
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 participants' 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.				
<b>Signature:</b> _____			<b>Date:</b> _____	

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