American Special Children's Pilgrimage Group PO Box 633, Bergenfield NJ 07621 * ascpg1@gmail.com www.ascpg-lourdes.org

VOLUNTEER APPLICATION FOR LOURDES PILGRIMAGE

updated 7/22

This application is for <u>adults</u> who want to serve as helpers, medical staff or clergy for the next Lourdes pilgrimage. High school students MUST use a separate Youth Group application.

☐ Copy of passpo ☐ Copy of curren ☐ Completed med ☐ Copy of Covid	t medical insurance card, dical information (2 page vaccine card (everyone r	current passport, check here []			
Today's Date					
Full name on birth ce	rtificate				
Male or female		Date of birth			
Have you ever traveled with ASCPG? If so, when?					
Complete address					
Phone		Email			
Occupation (or name	of college, if you are a st	udent)			
T-shirt size:	Sweatshirt size:	Jacket size:			
		ve reference (name, address and phone):			
How did you hear abo	out us?				

Do you have a passport?	Country of origin		
Name as it appears on passport			
Expiration date	Passport #		

List hobbies, talents, special skills, etc. that you feel might be helpful on this pilgrimage:

Are you certified in CPR, epipens or any other medical training? If so, please list:

BECAUSE YOU ARE APPLYING TO VOLUNTEER WITH CHILDREN AND VULNERABLE ADULTS, PLEASE ANSWER THE FOLLOWING:	YES or NO
Have you ever been convicted of a criminal offense (except traffic violations)?	
Has an order ever been made against you to remove a child from your care or your home?	
Has an order ever been made against you regarding a child in your care found to need protection, care or control?	
Are you in good mental/emotional health?	
Do you abuse alcohol, illegal drugs or prescription drugs?	
In the past 5 years, have you had a medical, emotional or psychological condition that could affect your ability or suitability to act as a volunteer and care for special needs young people?	
Have you taken <i>Protecting God's Children</i> ? If YES, year of last certification	
Have you had a background check performed in the past 2 years? If YES, check here [] if it was done by ASCPG. If NO, we will run one.	

Anything else we should know?

<u>Volunteer Consent and Waiver – ASCPG Easter Pilgrimage to Lourdes</u>

Please read carefully, and initial each section to convey your understanding and	agreement.				
I understand that the American Special Children's Pilgrimage Group (ASCP complete picture of an applicant to make an informed decision about acceptance Therefore, I testify that all information on every page of this application is true, a additional information that pertains to my health and background.	for the trip.				
If I am accepted for the trip, I will provide updated information on my medic emotional and legal condition, between today and the date of the ASCPG Easter					
I am suitable in every way to perform the work and duties of an ASCPG vol-Lourdes.	unteer in				
I will participate in fundraisers, events, meetings and the trip orientation, at t my Group Leader.	the direction of				
I will abide by all ASCPG Child Protection Policies. I will not be under the influence of alcohol when I am caring for, or in the presence of, the special needs pilgrims. I will not use or bring illegal drugs, or be under the influence of illegal drugs, during the pilgrimage and all ASCPG activities.					
By signing this consent, I waive ASCPG of any and all liability regarding a illness, accident or fatality arising from my trip to Lourdes.	any and all				
If I am accepted for the Lourdes pilgrimage, I give permission for my photo and image to be used for publicity purposes, including ASCPG brochures, the ASCPG website and ASCPG-run social media accounts.					
I understand that if I require medical attention above and beyond what ASCPG can provide (i.e., requires a visit to the hospital emergency room or hospital admission) in Lourdes, I will be treated under the auspices of the French medical system. This means ASCPG will have no authority in the diagnosis or treatment process.					
By signing below, I/we acknowledge that I fully comprehend the above:					
Print Applicant's Name Date:					
Applicant's signature					

<u>Volunteer Medical Information – READ & COMPLETE BOTH PAGES</u>

The responsibility of caring for mentally and physically disabled people for one week can be exhausting. An ASCPG pilgrimage is physically demanding, even if you are not directly caring for a special needs pilgrim. All of the young people in our care have special needs, and require 100% of our efforts around the clock. To ensure that their needs are met, we must be certain that every volunteer is physically and mentally capable. To this end, every volunteer must provide complete medical information – the reason is twofold:

- 1. The youth we bring to Lourdes are our only priority. We owe it to them and their families to ensure that every team member is physically and psychologically capable of providing the utmost care to them 24/7.
- 2. Your safety is important! In accordance with French law regarding pilgrims who travel to Lourdes, if a volunteer becomes ill and requires medical attention, doctors affiliated with their respective organizations can have no part in their medical care. In a foreign country with unfamiliar medical protocol, a complete medical history is tantamount to your proper care. (For example, if you were rendered unconscious, it cannot be stressed how important it is for our doctors to provide French physicians with your complete medical history.)

This information is confidential, and shared only with ASCPG Medical Staff and Group Leaders.

FULL NAME	DATE OF BIRTH				
Medical Insurance Company					
Policy #	Name of policy holder				
 □ I anticipate a change in insurance status or carrier between now and the trip. □ I do not currently have health insurance, but will have it for the Lourdes pilgrimage. 					
List all current medical conditions					
Significant past medical history Significant past surgical history					
Date of last tetanus	Is there surgery planned?				
Covid-19 vaccination: Are you fully vaccinated by If NO, do you plan to be fully vaccinated by	, , ,				

ALL doctors who regularly treat you Address & Phone			Type of Doctor			
					Primary C	are
	<u> </u>					
Current prescription & OTC medications Dos		Dosage	Reason pres		cribed	
DEDGOMAN MENTANY OF TRANSPORT	A ID	Г.	VID.C			NO
PERSONAL HEALTH QUESTIONNAIRE			YES – p	olease explain		NO
Do you have heart problems?						
Do you have diabetes?						
Do you have kidney problems?						
Are you prone to fainting?						
Do you have back problems?						
Do you have knee problems?						
Do you have allergies (food, drug, env	iron	mental)?				
Is activity restricted due to disability/medical reason?						
Do you have special dietary needs?						
Is there anything else you would like to share?						
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Physician Statement and Signature: I understand that my patient is applying to volunteer with special needs youth for one week in France. To the best of my knowledge, the information he/she provided here is true.			Date: Stamp:			
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Physician Signature Print Name			nhone			
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