**Carmelite Missionaries**

SALT Carmelite Service Agreement

*“Abandonment is the most serious illness of the elderly and 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 send this completed form to Sr. Mary O’Donovan, 600 Woods Rd., Germantown NY 12526.**

**For questions, please contact Sr. Mary O’Donovan at (845) 768-2303 or srmaryod@stmhcs.org.**

# Program Terms and Conditions

1. The status of the Participant for the duration of the Program shall be that of a volunteer and not an employee or independent consultant.
2. The duration of the SALT Carmelite Service Program varies according to Individual circumstances.
3. The Participant will receive free room and board, as well as all meals; she is expected to pay for any personal expenses, including telephone, travel, and all medical costs that may arise.
4. While living with the local Community, the Participant is under the jurisdiction of the SALT Program Coordinator. In the nursing home, she is under the jurisdiction of the Administrator.
5. The Participant is invited to participate in all prayers and most meals with the local Community. Participation in certain other meals and Community functions is left to the discretion of the local Prioress.
6. No remuneration will be given by the Congregation or the nursing home for any services rendered during the SALT Service Program.
7. Participation in the SALT Carmelite Service Program may be terminated at any time by the Participant or by the Congregation, with no reasons needing to be disclosed.
8. To the extent permitted by law, the Participant agrees to release the Carmelite Sisters for the Aged and In- firm and its SALT Service Program from any liability whatsoever arising out of the Participant’s participation in the Program, including, but not limited to, any damage to the Participant’s property or the property of others and injury to the Participant or to others, including loss of limb or life, resulting from the Participant’s negligence or the negligence of others, or to others through the Participant’s participation in this SALT Carmelite Service Program.

# Requirements

1. The applicant must fill out a preliminary application form received from the Coordinator of the Program, a completed recommendation form, and participate in a personal/ or phone interview.
2. The applicant must possess a reasonable level of maturity and health in the judgment of the coordinator sufficient to enable her to live away from home and enter fully into the Salt Carmelite Service Program.
3. Upon being accepted into the program, the Participant will submit:
   1. Signed Program Agreement.
   2. A completed Medical Emergency Contact Form (please bring copy of your insurance card to the program)
   3. Will agree to have a background check done (if required by State)

As an applicant to the Carmelite Sisters for the Aged and Infirm SALT Service Program, I acknowledge receipt and review of the Program Terms and Conditions. I agree to participate in the Salt Carmelite Service Program in accordance with these Terms and Conditions, and I acknowledge and agree with the release in this form.

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_