



# 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 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.**

Fill in program dates you would like to attend, refer to website for options.

|                 |            |             |                    |               |
|-----------------|------------|-------------|--------------------|---------------|
| 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.

| Highest Level of Education Completed | Name of Institution(s) | Year of Graduation |
|--------------------------------------|------------------------|--------------------|
| 1.) _                                | _____                  | _____              |
| 2.) _                                | _____                  | _____              |
| 3.) _                                | _____                  | _____              |

**Have you ever been convicted of a crime (felony or misdemeanor outside of traffic violations)?**  YES  NO  
*(If yes, please explain)*

**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?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Activities     | <input type="checkbox"/> One-on-One Visiting | <input type="checkbox"/> Music         | <input type="checkbox"/> Leading Reflection Group        |
| <input type="checkbox"/> Group Visiting | <input type="checkbox"/> Clerical Work       | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Participating in Exercise Group |

Please list any other skills and/or interests you have that you would like to share. *We are committed to utilizing participant's skills whenever possible.*

Have you ever worked with people with dementia?  YES  NO

What size t-shirt do you wear? *(We provide t-shirts to wear during the program.)*  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.