



SALT Carmelite Missionary Agreement

“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 srmariod@stmhcs.org.

Program Terms and Conditions

1. The status of the Missionary 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 Missionary Program varies according to individual circumstances.
3. The Missionary 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 Missionary is under the jurisdiction of the SALT Program Coordinator. In the nursing home, she is under the jurisdiction of the Administrator.
5. The Missionary 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 Mission Program.
7. Participation in the SALT Carmelite Mission Program may be terminated at any time by the Missionary or by the Congregation, with no reasons needing to be disclosed.
8. To the extent permitted by law, the Missionary agrees to release the Carmelite Sisters for the Aged and Infirm and its SALT Mission Program from any liability whatsoever arising out of the Missionary's participation in the Program, including, but not limited to, any damage to the Missionary's property or the property of others and injury to the Missionary or to others, including loss of limb or life, resulting from the Missionary's negligence or the negligence of others, or to others through the Missionary's participation in this SALT Carmelite Mission 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 Mission Program.
3. Upon being accepted into the program, the Missionary will submit:
 - (a) Signed Program Agreement.
 - (b) A completed Medical Emergency Contact Form (please bring copy of your insurance card to the program)
 - (c) 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 Mission Program, I acknowledge receipt and review of the Program Terms and Conditions. I agree to participate in the Salt Carmelite Mission Program in accordance with these Terms and Conditions, and I acknowledge and agree with the release in this form.

Applicant _____

Date _____

Witness _____

Date _____