



Crossroads Walk Application – Summer 2011

The information below is required when applying to participate on any of the Crossroads 2011 cross-country events. Please fill in all of the required fields as accurately as possible. Thank you.

Full Name _____			
Age _____	Sex (circle)	Male Female	Date of Birth ____ / ____ / ____
Home Address _____	City _____	State _____	Zip _____
Current Address _____ <small>(if different from above)</small>	City _____	State _____	Zip _____
Which address do you want us to send information to?	Permanent	Current	
Home Phone (____) _____	Work Phone (____) _____		
Other Phone (____) _____	E-mail _____		

Please answer the questions in this application truthfully and with as much detail as possible. If needed, feel free to attach a separate piece of paper. All information provided will be kept strictly confidential and will not be shared with any person or entity outside of Crossroads without your written permission. When finished, send the application and all other forms that need to be filled out in the envelope provided to the address below. Applications may also be faxed or e-mailed.

Mail Applications: **Crossroads, Inc.**
PO Box 2219
Columbia, MD 21045.

Fax: **(410) 312-5238**
E-Mail: **contact@crossroadswalk.org**

Please feel free to call us if you have any questions at **(800) 353-8817**. We will work with you in regard to which route you will be assigned, but we are unable to guarantee that you will be placed on the walk of your choice.

1) How did you hear about Crossroads? _____

2) Have you ever been involved in Pro-Life activities? If so, please describe your experience(s) below.

3) What is your current occupation? If you are in college what is the name of your school, your year and what is your major(s)?

4) What is your religious denomination? _____

5) Explain your position on the following issues. Articulate your position to the best of your ability.

a) Do you believe that abortion is acceptable in cases of rape, incest, or to save/preserve the life of the mother?

b) Do you understand and agree with the Catholic Church's stance on contraception?

c) Is there ever a time that you believe euthanasia is acceptable? Please explain.

d) Do you think that the world is overpopulated? Please explain.

e) What is your understanding of the in-vitro fertilization process? Do you think it is morally acceptable?

f) What are your thoughts on the use of human embryonic stem cells for research?

6) Do you have any medical conditions or physical problems? (Specifically, do you have any knee or foot problems or any history of heat stroke/exhaustion?) If so, explain.

7) Do you take any prescribed medication? YES NO

8) Do you have any physical disabilities that require assistance? If so, please explain.

9) Please list any dietary restrictions or special dietary needs, if any.

10) Do you have any computer skills? If so, please describe.

11) Do you have any experience using photography/camcorder equipment? If so, please describe.

12) Do you have any writing or journalism experience? If so, please describe.

13) Do you have any first aid or medical training? If so, are you certified or licensed? (Please provide a copy of your certificate and/or license and attach it to the application.)

14) Do you have any mechanical experience? (e.g., fixing cars, equipment, etc.) If so, please describe.

15) Do you speak Spanish? YES NO
If yes, are you: Fluent *or* Proficient

16) Do you have experience in food preparation and cooking meals? YES NO

17) Do you have any experience driving large vehicles, such as an RV? YES NO

18) Do you have any experience camping on extended trips? If yes, please explain.

19) Have you had any public speaking experience? If yes, please describe.

20) Have you had any media experience (radio or television)? Have you participated in either and/or done interviews with either? If yes explain. Would you be willing to do interviews while on Crossroads?

21) Do you have any leadership experience? If yes, please describe.

Emergency Contact Information

Please list two people that we should contact in case of an emergency:

Contact Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

Contact Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

Additional Requirements

- *Health Insurance:* Please make a copy of your health insurance card and driver's license and send them with this application.
- *Code of Conduct:* Please read the enclosed list of guidelines and code of conduct.

I have filled out this application truthfully and have read the enclosed handbook titled "Guidelines and Code of Conduct." If I take part in Crossroads, I agree to adhere to the rules and guidelines and to conduct myself in a mature, responsible manner, to the best of my ability. I recognize that I will be representing the Church, my family, and my school and also that, through action and example, I will have the unique opportunity to change the hearts and minds of countless people across the country. I understand that if at any time I do not meet this standard of conduct, I may be subject to dismissal from the walk.

Signature _____ Date _____

Thank you for taking the time to complete this application. God bless you and your family.