



Crossroads Walk Application – Summer 2015

The information below is required when applying to participate in any of the Crossroads 2015 cross-country events. Please fill in all of the required fields as accurately as possible. Thank you.

Full Legal Name: _____	
Age: _____	Sex: <i>Male</i> <i>Female</i> Date of Birth: ____ / ____ / _____
Permanent 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?	<i>Permanent</i> <i>Current</i>
Home Phone (_____) _____	Work Phone (_____) _____
Mobile 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: **(703) 358-9402**
E-Mail: **info@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) Who do you know that has walked in past years? _____

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

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

5) What is your religious denomination? _____

6) 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? Please elaborate.

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 is your position on the use of human embryonic stem cells for research?

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

8) Do you take any prescribed medication? *YES* *NO*

If yes, please list: _____

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

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

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

12) Do you speak Spanish? YES NO

If yes, are you: Fluent Proficient

13) Do you have any public speaking experience? Please Describe.

14) Have you had any media experience (radio or television)? Have you participated in either and/or done interviews with either? If yes, please describe.

15) Would you be willing to do interviews while on Crossroads? YES NO

16) Please describe any experience you have driving large vehicles.

17) Please describe any experience you have camping or on extended trips.

20) Which walk would you like to participate on this summer? (Placement not guaranteed choice.)

Northern Walk

Central Walk

Southern Walk

No Preference

21) What size t-shirt do you wear?

Small

Medium

Large

X-Large

XX-Large

22) Would you be interested in being a walk leader or an Assistant Walk Leader?
(If yes, you will receive an additional application, after review of this submission)

YES

NO

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Emergency Contact Information:

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 is required** for participation in Crossroads.
 Should your application be accepted, a copy of your health insurance card and driver's license must be received by the Crossroads Staff before you participate in the walks.
- **Code of Conduct:** All volunteers are responsible for knowing and adhering to the *Crossroads Guidelines and Code of Conduct*, while participating in any activity sponsored by Crossroads. You can view it online or request a copy be mailed to you.
- **Letters of reference:** You may be asked to have letters of reference sent to the office. You will be informed if they are needed.

I have filled out this application truthfully. 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 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.