



Special Journeys Travel Companions Inc.
P.O. Box 583, Boys Town, NE 68010
(402) 403-4386 Direct nicole@specialjourneys.org

Travel Companion Application

Full Legal Name (include Middle Initial): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone with area code: _____ (circle one) Home / Cell / Work

Best time to contact you: _____

E-mail address: _____

Emergency contact person: _____ Relationship: _____

Emergency contact's phone number: _____ (circle one) Home / Cell / Work

Do you have a valid, current (not expired) US Passport: Yes / No

Are you CPR certified?: Yes / No

Are you a Medication Aide?: Yes / No

If 'Yes', what state is your license issued through?: _____

If 'Yes', would you be comfortable passing meds on trips?: _____

Are you on social media? Circle those that apply:

Facebook Instagram Other: _____

Current Position

____ Employed ____ Retired ____ Student ____ Other (describe below)

If currently employed:

Month/Year Employment Started: _____ Position: _____

Employer Name and Address: _____

Supervisor Name: _____ May we contact him/her?: Yes / No

Supervisor Phone: _____ E-mail: _____

Last Job

Month/Year Employment Started: _____ Position: _____

Employer Name and Address: _____

Supervisor Name: _____ May we contact him/her?: Yes / No

Supervisor Phone: _____ E-mail: _____

References

Please list 3 references besides current supervisor or relatives. References will be contacted.

Reference 1

Name: _____

Phone Number: _____ Relationship: _____

Reference 2

Name: _____

Phone Number: _____ Relationship: _____

Reference 3

Name: _____

Phone Number: _____ Relationship: _____

Availability

Give a brief summary of your availability for trips. Include the flexibility at your job, how much notice you would need to provide your employer to join a trip, as well as how long you would be able to take time off.

Travel Information

- 1) Do you have any limitations we need to be aware of such as food allergies, lifting restrictions, walking restrictions etc.?: Yes / No

If yes, describe your limitations below:

- 2) Are there any types of trips you don't want to do?: For example, flight trips, or sporting events

- 3) For FEMALE Travel Companions Only: Are you comfortable working with travelers of the opposite (male) gender and assisting them with their personal care where necessary?:

Yes / No

- 4) What previous travel experience do you have?: For example, flying, international, or train.
