

Hesed Retreat Guest Application

Personal Information																												
Name:	Nickname: Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male																											
Address:	DOB:																											
City/State/Zip:	Phone:																											
Email:	Alternate Phone:																											
Religious Affiliation																												
Church Name:	Denomination:																											
Address:	Phone:																											
City/ State/Zip:	Pastor's Name:																											
Emergency Contact																												
Name:	Relationship:																											
Address:	Phone:																											
City/State/Zip:	Alternate Phone:																											
Where Employed																												
Special Needs																												
This information will be kept confidential to the Hesed Board and retreat medical personnel.																												
Check ALL conditions that apply to YOU:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Diet Restrictions</td> <td style="padding: 5px;"><input type="checkbox"/> Diabetic</td> <td style="padding: 5px;"><input type="checkbox"/> Gluten-Free</td> </tr> <tr> <td style="padding: 5px;">Physical Limitations</td> <td style="padding: 5px;"><input type="checkbox"/> Cane</td> <td style="padding: 5px;"><input type="checkbox"/> Walker</td> <td style="padding: 5px;"><input type="checkbox"/> Wheel Chair</td> </tr> <tr> <td style="padding: 5px;">Visual Impairment</td> <td style="padding: 5px;"><input type="checkbox"/> Eye glasses</td> <td style="padding: 5px;"><input type="checkbox"/> Legally Blind</td> <td style="padding: 5px;"><input type="checkbox"/> Contacts</td> </tr> <tr> <td style="padding: 5px;">Speech Challenges</td> <td style="padding: 5px;"><input type="checkbox"/> Mild</td> <td style="padding: 5px;"><input type="checkbox"/> Moderate</td> <td style="padding: 5px;"><input type="checkbox"/> Serious</td> </tr> <tr> <td style="padding: 5px;">Hearing Loss</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Hearing Aid</td> </tr> <tr> <td style="padding: 5px;">Night Breathing</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> C-PAP Machine</td> </tr> <tr> <td style="padding: 5px;">Bed Preference</td> <td style="padding: 5px;"><input type="checkbox"/> Top Bunk</td> <td style="padding: 5px;"><input type="checkbox"/> Bottom Bunk</td> </tr> <tr> <td style="padding: 5px;">I am willing to sleep in a top Bunk and can physically climb Into and out of a top bunk.</td> <td style="padding: 5px;"><input type="checkbox"/> Yes</td> <td style="padding: 5px;"><input type="checkbox"/> No</td> </tr> </table>	Diet Restrictions	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Gluten-Free	Physical Limitations	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheel Chair	Visual Impairment	<input type="checkbox"/> Eye glasses	<input type="checkbox"/> Legally Blind	<input type="checkbox"/> Contacts	Speech Challenges	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious	Hearing Loss	<input type="checkbox"/> Hearing Aid		Night Breathing	<input type="checkbox"/> C-PAP Machine		Bed Preference	<input type="checkbox"/> Top Bunk	<input type="checkbox"/> Bottom Bunk	I am willing to sleep in a top Bunk and can physically climb Into and out of a top bunk.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Personal hygiene needs: Do you need help with bathroom, showering, or dressing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a 24/7 caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If you need a 24/7 caregiver, one must accompany you on the retreat. Contact : Connie Poovey (see below)</i>
List any specific types of Allergies (including food, medication, insect bites):
Are you taking any medication with which you need assistance or reminders to take? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YOU ARE taking medication, PLEASE complete the Hesed Medication Form. (This is mandatory information for your safety and well-being on the retreat.) Also, please make a copy of your insurance card to attach to your Medication Form.
Permission
Do we have permission to use photos/videos of you in publications for Hesed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please sign: Signature: _____ Date: _____

Guest Fee: \$50.00

____ Enclosed is my fee

____ I request a partial scholarship (contact: LeAnn Wooten)

____ Date: _____

Applicant's Signature

Mail your **application form**, your **check** (made out to HESED) along with your **Medical form** and a copy of your **insurance card** (s) to:

Connie Poovey
1924 Woodland Ave.
Burlington, NC 27215
crpoovey@gmail.com

Sponsor or Reference Person	
Name:	Relationship:
Address:	Phone: