



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

## ***Travel Companion One-to-One Application***

*To be completed for a dedicated (1:1) Travel Companions attending a Special Journeys vacation and caring for a specific traveler from their agency or as a family member/friend.*

Full Legal Name (include Middle Name): \_\_\_\_\_

Common Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone with area code: \_\_\_\_\_ (check one)  Home  Cell  Work

Best time to contact you: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact's phone: \_\_\_\_\_  Home  Cell  Work

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

Are you a Medication Aide?:  Yes  No

If 'Yes', will you be passing meds to the 1:1 Traveler in your individual care?

Yes  No

### **Current Job**

What position do you currently hold?: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer City and State: \_\_\_\_\_

How long have you worked with your current employer?: \_\_\_\_\_

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**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:

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

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