



Special Journeys Travel Companions Inc.  
P.O. Box 583, Boys Town, NE 68010  
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## Travel Companion Application

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

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.

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

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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.

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