



AIM
ACHIEVE | INSPIRE | MOTIVATE

**A Catholic weekend retreat ministry
serving individuals with physical disabilities***

RETREAT APPLICATION FOR AIM #71

May 15-17, 2026

Name: _____ Nickname: _____

Address: _____
Street City State Zip

Phone: _____ Birthday: _____ Age: _____ Weight: _____

In order to best meet your needs and match you with your volunteer assistant, please answer all the questions below to the best of your ability. The nurses and your assistant will have a copy of this application.

Disability: _____

Tell us a little bit about yourself, special interests and talents, hobbies, favorite things to do:

Do you use email? Yes ___ No ___ Email address: _____

Do you use Zoom? Yes ___ No ___

What is your parish or church? _____

Do you have a present concern that you would like to share before the retreat? If so, please do so here:

AIM is a retreat ministry for adults with physical disabilities, or those with mobility issues due to aging. We are not able to assist individuals with other disabilities. Pages 3-5 of this application ask about your special needs and for information about you or your daily routine so we can make your retreat experience as pleasant as possible. Fill it out as completely as possible. **We are not a care facility and, while we will have volunteer nurses present and overnight aides for assistance, we do not have the means to care for certain medical conditions.** Call 954-821-6077 for answers to your questions or browse our website: www.AIMretreats.org.

***Please note that, while the content of the retreat is faithful to Catholic teachings, we welcome individuals of all faiths.**

Financial Considerations and Signature

Retreat Cost: Thanks to the generosity of the Notre Dame University Alumni Club of Boca Raton and the St. Joan of Arc Catholic Church Knights of Columbus, there is no charge for participating in this retreat.

By signing this application, I agree that the information provided in the preceding and following three pages is complete and accurate.

Signature: _____ Date: _____

Mail your signed application and attachments to:

Margarita Castellon
17051 Emile St., #1
Boca Raton, FL 33487

You will receive a response to your application. For more information, call 954-821-6077 or email margcast@bellsouth.net.

AIM is a retreat ministry of St. Joan of Arc Catholic Church in Boca Raton, FL.

Please provide all of the information requested in the following three pages, including all medications taken and assistance needed. Even if you use a pill dispenser, please bring the original container in which your medications come.

Name: _____

Allergies: _____

Current Medications		
Drug Name	Dose/Strength	Times Taken

Do you need assistance taking your medications: Yes ___ No ___

Please provide information about any current medical or health issues:

Emergency Contact:	Relationship:	Phone Number:
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Name: _____

Please check Yes or No	YES	NO	COMMENTS
Eating			
I need food cut			
I need to be fed			
Any special dietary restrictions:			
Dressing and bathroom use			
I need help dressing			
I need help using the toilet			
I need help brushing my teeth			
I need a commode chair			
I have a catheter			
I use disposable, absorbent pads (e.g., Depends)			
I would like a waterproof pad on my bed			
My mobility			
I use a wheelchair			Manual Electric (choose one)
I can transfer from my wheelchair without assistance			
I use a walker			
I use another mobility assistive device			If so, explain:
I have paralysis			Right side: arm__ hand__, leg__, foot__, facial __ Left side: arm__ hand__, leg__, foot__, facial __
My vision			
My vision is limited			
I wear glasses			
I wear contacts			
I have no vision			
I can read Braille			
I use a cane			
My hearing			
My hearing is limited			Left side: ____ Right side: ____ Both sides: ____
I use a hearing aid			

I need an interpreter			
My speech			
My speech is easily understood			
Others need to listen closely			
I use assistive technology to be understood			If so, explain:
Other Assistance Needed:			