



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

**RETREAT PRE-APPLICATION FOR AIM #72**

**2027 (Date to be announced)**

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 pre-application.

Disability: \_\_\_\_\_

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

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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? If so, please do so here:

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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. This pre-application asks 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](http://www.AIMretreats.org).

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

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 pre-application, I agree that the information provided in the preceding and the following page is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can email a photo/PDF of the completed application to [margcast@bellsouth.net](mailto:margcast@bellsouth.net), or mail a signed application 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](mailto:margcast@bellsouth.net).

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

Once a date has been selected, you will be contacted to see if you are available or still interested in attending. At that time, if you would like to attend, you will be asked to provide information for our nurse about the medications you take.

Please provide all of the information requested on the following pages, so AIM understands the level of assistance you will need.

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

Please check Yes or No	YES	NO	COMMENTS
<b>Eating</b>			
I need food cut			
I need to be fed			
Any special dietary restrictions:			
<b>Dressing and bathroom use</b>			
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			
<b>My mobility</b>			
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 __
<b>My vision</b>			
My vision is limited			
I wear glasses			
I wear contacts			
I have no vision			
I can read Braille			
I use a cane			
<b>My hearing</b>			
My hearing is limited			Left side: ____ Right side: ____ Both sides: ____

I use a hearing aid			
I need an interpreter			
<b>My speech</b>			
My speech is easily understood			
Others need to listen closely			
I use assistive technology to be understood			If so, explain:

**Other Assistance Needed:**