



# Membership Application

Applicants should be 18 years of age before they apply. If you have any questions please call Neil Menzies at 818-305-4191

PLEASE ATTACH RECENT PHOTO OF TRAVELER

After completing this form please send it to:

Special Excursions Travel Club  
PO Box 861  
Littlerock, California 93543-0861

Please use name as it appears on the passport. If no passport then as on the state photo ID. No nicknames please!

Applicants Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Is applicant conserved? ( ) YES ( ) NO

Current state issued photo ID ( ) YES ( ) NO Current passport? ( ) YES ( ) NO

Passport Number \_\_\_\_\_ Date of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Country that issued the passport \_\_\_\_\_

All airlines require current state issued photo ID or a current passport for boarding any aircraft. A current passport is required for all international travel. For passport information and application forms go to the U.S. State Departments WEB Site at [www.travel.state.gov/passport/index.html](http://www.travel.state.gov/passport/index.html) There is information on where to get a passport and you can download the forms that you need. It takes up to 9 weeks to obtain after submitting your application.

### PERSON TO CONTACT ON FIRST AND LAST DAY OF TRAVEL FOR PICK UP/ DROP OFF COORDINATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

### PERSON WHO GETS THE TRAVELER'S ITINERARY, FLIGHT INFORMATION, PACKING LISTS If it is the same as above just put SAA

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

### IF CONSERVED NAME OF CONSERVATOR

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

### REGIONAL CENTER SERVICE COORDINATOR

Name \_\_\_\_\_ Regional Center \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Applicants Name \_\_\_\_\_

LIVING SITUATION ( ) Group Home ( ) Residential Facility ( ) With Family ( ) Lives Independently

NAME OF QMRP IF LIVING IN GROUP HOME \_\_\_\_\_

Email \_\_\_\_\_ Agency \_\_\_\_\_

COGNITIVE/MENTAL STATUS ( ) Mild ( ) Moderate ( ) Severe ( ) Schizophrenia ( ) Cerebral Palsy ( ) Mental Illness ( ) Autism Other \_\_\_\_\_

**MEDICAL CONDITIONS**

Medical Insurance ( ) YES ( ) NO ( ) MEDICAL ( ) MEDICARE ( ) PRIVATE # \_\_\_\_\_

Food Allergies ( ) None ( ) Yes Please List \_\_\_\_\_

Seizures ( ) None ( ) Controlled ( ) Uncontrolled Date of last seizure \_\_\_\_/\_\_\_\_/\_\_\_\_

Diabetes ( ) Insulin Controlled ( ) Med Controlled ( ) Diet Controlled

Dietary Limitations/Restrictions ( ) None ( ) Yes Describe \_\_\_\_\_

Vision ( ) OK If other describe \_\_\_\_\_

Hearing ( ) OK If other describe \_\_\_\_\_

Communication ( ) OK If not please describe \_\_\_\_\_

Sign Language ( ) Yes ( ) No

Mobility ( ) OK ( ) Uses Manual Wheelchair ( ) Uses Electric Wheelchair ( ) Walker ( ) Cane ( ) Needs Wheelchair only for distance ( ) Needs Lift Van

**SOCIAL BEHAVIOR**

( ) Appropriate If not please describe \_\_\_\_\_

Does applicant have a history of aggressive or destructive behavior ( ) Yes ( ) No

If yes please describe \_\_\_\_\_

SLEEPING HABITS ( ) Sleeps soundly If other please describe \_\_\_\_\_

( ) Applicant may room with another club member

( ) Applicant must room with tour staff because \_\_\_\_\_

<b>Self Care</b>	<b>Totally Independent</b>	<b>Verbal Prompt</b>	<b>Physical Help</b>	<b>Describe Support Needed</b>
Dressing				
Bathing				
Toileting				
Shaving				
Medication				
Eating				

Can applicant ride independently on the Metro Bus system ( ) Yes ( ) No  
 Does the applicant have a Metro reduced fare TAP Pass ( ) Yes ( ) No  
 Does the applicant have a ACCESS TAP Pass ( ) Yes ( ) No

SWIMMING ( ) Swims well ( ) Shallow end only ( ) Must wear float Hot Tub ( ) Yes ( ) No  
 STREET SAFETY ( ) Will stay with group ( ) May wander  
 MONEY SKILLS ( ) Staff should hold traveler's money ( ) Traveler can handle their own money  
 PHONE SKILLS Able to use the phone? ( ) Yes ( ) No  
 Does applicant consume alcoholic beverages? ( ) Yes ( ) No Does traveler smoke? ( ) Yes ( ) No  
 Could applicant fly alone and have an escort meet them at airport ( ) Yes ( ) No

Please describe any hobbies, interests and types of vacations that the applicant would like to participate in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing this application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





PO Box 861  
Littlerock, CA 93543-0861

## PUBLICITY RELEASE FORM

I, \_\_\_\_\_  
Applicants Name (Please Print)

hereby give permission to the Special Excursions Travel Club to use my image (video, video capture or still photo) for club publicity material such as:

- DVD
- Video
- Brochure
- Web Site
- You Tube
- Flyers
- T-Shirts
- Photographs
- Facebook

I also give permission for my name to appear in the credits of the DVD's that are produced and distributed after each excursion that I am involved in.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conservator's Name (please print)

\_\_\_\_\_  
Relationship to member