



## APPLICATION FORM

*(Please type or print clearly. Return completed application form and additional documents along with a face picture by email or regular mail to address above.)*

### I. PERSONAL INFORMATION

Date \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different from above)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Engaged \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

Place Photo Here
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### II. EMERGENCY CONTACTS

#### PRIMARY CONTACT PERSON

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### SECONDARY CONTACT PERSON

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### III. FAMILY BACKGROUND

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Number of Siblings \_\_\_\_\_

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**IV. GENERAL INFORMATION****COMMITMENT**

For what length of time would like to volunteer? \_\_\_\_\_

When will you be available to start your service? \_\_\_\_\_

**BACKGROUND INFORMATION**

Are there any personal or financial obligations that would interfere or hinder your volunteer service with VIM? If yes, please explain. \_\_\_\_\_

Have you ever been found guilty of a crime? If yes, please explain the nature of the offense and the outcome. Give dates and all pertinent information. Attach info if necessary.

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_ ID# \_\_\_\_\_ Exp. date \_\_\_\_\_

Has your license ever been suspended? \_\_\_\_\_ Revoked? \_\_\_\_\_

If yes, please explain by giving dates and other pertinent information. \_\_\_\_\_

If serving in a domestic area, are you willing to use your car during your service with VIM? \_\_\_\_\_

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**V. EDUCATIONAL BACKGROUND** *(Please attach list if necessary.)*

Beginning with the most recent, identify all high schools/colleges/technical schools attended

Name and Location of Institution	Dates attended	Major	Degree/Certificate
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any professional certifications/licenses obtained

License Name	Dates/Exp. Date	State	License#
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_____	_____	_____	_____
_____	_____	_____	_____

Please list any practical experience in your certification or specialty area/s

Place	Dates	Levels	State
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_____	_____	_____	_____
_____	_____	_____	_____

If accepted into the VIM program, are you willing to work in your certification area? If yes, please explain how your area of expertise would enhance your service.

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Please list other proficient skills or talents that you have:

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## VI. ACTIVITIES AND INTERESTS

What do you most enjoy doing in your spare time? \_\_\_\_\_

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Please list any organizations to which you belong:

<i>Name of Organization</i>	<i>Dates</i>	<i>Participation</i>
_____	_____	_____
_____	_____	_____

In what geographic area of service are you interested?

Domestic \_\_\_\_\_ International \_\_\_\_\_

In what type of work do you see yourself participating? \_\_\_\_\_

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Have you ever experienced community living outside your family experience? If yes, please give some details regarding the experience?

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What is your preference regarding community living?

With Sisters \_\_\_\_\_ With other volunteers \_\_\_\_\_ With Sisters and volunteers \_\_\_\_\_

Do you speak Spanish or other languages? *Please list the languages and check the appropriate levels of ability (U - Understand, S - Speak, R - Read, W - Write)*

**Spanish**

	<b>U</b>	<b>S</b>	<b>R</b>	<b>W</b>
<b>Basic</b>				
<b>Conversational</b>				
<b>Proficient</b>				

**Other:** \_\_\_\_\_

	<b>U</b>	<b>S</b>	<b>R</b>	<b>W</b>
<b>Basic</b>				
<b>Conversational</b>				
<b>Proficient</b>				

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**VII. WORK EXPERIENCE** *Please list your last two employers*

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Position/Responsibilities: \_\_\_\_\_ Dates \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Position/Responsibilities: \_\_\_\_\_ Dates \_\_\_\_\_

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**VIII. VOLUNTEER EXPERIENCE**

*Please list all volunteers programs with which you have had experience. Identify program name, location, your role and dates volunteered in the programs.*

<b>PROGRAM</b>	<b>LOCATION</b>	<b>ROLE</b>	<b>DATES</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**IX. REFERENCES**

List at least three people to whom you will be sending reference forms. Please include a variety, such as employers, supervisors, clergy, religious and co-workers. These references should know you well enough to give an accurate description of your character, work ethic, personality and employment record. Please do not include friends and relatives.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**X. REFLECTION QUESTIONS - *Please answer on separate paper.***

The following questions should be answered with candor. Please remember that there are no *right or wrong* answers. Your honest response to each question will help us get to know you better and assist us in the placement process.

1. ***Why do you want to serve with the Bernardine Franciscan Sisters as a VIM member?***
2. ***What do you hope to gain from this experience? Based on volunteer experiences in the past, describe that experience and its impact on your life and your desire to continue your work in service to others.***
3. ***What is your present commitment to Christian service? How do you foresee yourself living out this commitment?***
4. ***VIM members live in a faith-based Franciscan community, sharing meals, prayer, liturgy, daily work and social events. What is your understanding of what this means?***
5. ***Describe your three major strengths and three weaknesses.***
6. ***Describe a defining moment of transformation or transition in your life. What did you gain from the experience?***
7. ***"This is our calling: to heal the wounded, to bind what is broken, to bring home those who are lost." St. Francis of Assisi How does this statement relate to you and your desire to serve as a Bernardine Franciscan VIM member?***

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Thank you for your time in completing this part of the VIM application. Understand your full application cannot be processed until we have received your medical forms and references.

This application is neither a binding commitment on your part nor on the part of Bernardine Franciscan Sisters' VIM Program. It does indicate a serious intention to become part of the Volunteers in Mission Program.

**For your information: As part of our screening process, we do a background check on all serious applicants before they are admitted to the Volunteers in Mission Program.**

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***I hereby certify that I have answered all sections of this application honestly and to the best of my ability. In submitting this application I understand and agree that all materials become property of Volunteers in Mission and that none of the materials will be returned to me. I understand that any misrepresentation or omissions on my part will exclude me from consideration in the VIM Program and may be cause for my dismissal or termination as a volunteer.***

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office Use Only**

Date Application Received	
Medical Hx. & Info	
Physical Exam Report	
Mental Health Form	
References	