# Volunteers_In_Mission_Large3.jpg 450 Saint Bernardine Street, Reading, PA 19607

**Phone: (610) 796-8972 ● Fax: (610) 777-3973**

**bfvim@bfranciscan.org**

**PRELIMINARY APPLICATION FORM**

**If you are interested in pursuing a service commitment with our Volunteer Program, please complete the following form. Return completed application form by email or regular mail to address above.**

Name

Present Address

Permanent

Address

Date of Birth   /    /      Religious Affiliation

Phone      Cell Phone      Best time to call

Email

PRESENT POSITION

Company

Address

University/College

Location

Major      Graduation Date

Please list languages you speak and level of fluency: (Spanish?)

How did you hear about the Volunteer in Mission Program?

Volunteer Fair  Friend  Campus Ministry  VIM Website

Parish/Pastor  Response Book (CVN)  Other

**SERVICE INTERESTS**

***Please check those that interest you.***

Teaching  Tutoring  Outreach to elderly/sick

Nursing  Immigration assistant  Community Outreach

Social Services  Life skills  Other

Domestic  International

**VOLUNTEER EXPERIENCE**

**Please list previous volunteer experience**

***(lnclude: Program Name, Location, Description, Dates, Length of time volunteered.)***



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

***This preliminary application is neither a binding commitment for you nor for the Bernardine Franciscan Sisters’ VIM Program. It is simply our way of getting to know you. It also demonstrates your interest in pursuing a period of volunteer service.***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Please sign and forward the completed preliminary application to the above address. Thank you for your time and interest.**

**Signature**

**Date**

|  |  |
| --- | --- |
| Date Application Received |  |

**Office Use Only**