

Education History

HIGH SCHOOL NAME & ADDRESS

GRADUATION YEAR

COLLEGE/UNIVERSITY NAME & ADDRESS

MAJOR

MINOR

DATES ATTENDED

GRADUATION YEAR

DEGREE EARNED

GRADUATE SCHOOL NAME & ADDRESS

DATES ATTENDED

GRADUATION YEAR

DEGREE EARNED

TRADE/TECHNICAL SCHOOL NAME & ADDRESS

AREA OF STUDY

DATES ATTENDED

GRADUATION YEAR

DEGREE/CERTIFICATE/LICENSE

Work Experience

LIST YOUR LAST THREE EMPLOYERS STARTING WITH THE PRESENT ONE. PLEASE GIVE APPROXIMATE DATES AND A BRIEF DESCRIPTION OF YOUR POSITION.

- 1) _____

- 2) _____

- 3) _____

Volunteer Experience

LIST ORGANIZATIONS WHERE YOU SERVED AND DESCRIBE THE SERVICES YOU PROVIDED AND THE DATES OF SERVICE:

General Information

WHAT KIND OF VOLUNTEER SERVICE ARE YOU LOOKING FOR?

HAVE YOU HAD ANY CROSS-CULTURAL EXPERIENCES? IF SO, PLEASE DESCRIBE: _____

LIST ANY OTHER SKILLS OR EXPERIENCES YOU HAVE THAT MIGHT RELATE TO YOUR PLACEMENT AS A CAPCORPS VOLUNTEER:

WHAT LEISURE ACTIVITIES AND OTHER INTERESTS DO YOU ENJOY? _____

IF YOU WISH TO TEACH, PLEASE INDICATE SUBJECTS AND GRADE LEVEL: _____

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING: _____

PLEASE LIST ANY ALLERGIES THAT YOU HAVE: _____

YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOUR SERVICE? _____ IF SO, PLEASE SPECIFY: _____

ARE YOU CURRENTLY IN A COUNSELLING RELATIONSHIP WITH A PSYCHOLOGIST OR OTHER THERAPIST? YES NO

HAVE YOU EVER RECEIVED PROFESSIONAL COUNSELLING OR PSYCHOTHERAPY? _____ IF SO, PLEASE SPECIFY: _____

HAVE YOU EVER BEEN ADDICTED TO DRUGS OR ALCOHOL? YES NO _____
IF YES, YEARS IN RECOVERY

Essay

COMPOSE AN ESSAY CANDIDLY AND THOROUGHLY COVERING THE FOLLOWING TOPICS AND ATTACH IT TO YOUR APPLICATION.

1. What are your motivations, concerns and expectations in becoming a Capuchin-Franciscan Volunteer?
2. Describe your family (including names and ages of brothers and sisters) and how they have contributed to your growth.
3. How do you see yourself fitting into a communal living situation with people of different ages and backgrounds?
4. What is your understanding of simple lifestyle?
5. How do you cope with stressful situations and how do you handle directives of others, especially those in authority, with whom you may strongly disagree.

References

PLEASE LIST THE NAMES OF FOUR PEOPLE WHO KNOW YOU WELL. A COPY OF THE REFERENCE FORM (ENCLOSED OR TO BE SENT TO YOU) SHOULD BE SIGNED BY YOU AND GIVEN TO EACH ONE TO COMPLETE AND RETURN.

- A person who knows your interior self (clergy or spiritual guide)

NAME	ADDRESS	PHONE
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- An employer or supervisor

NAME	ADDRESS	PHONE
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- A professor, advisor or counselor

NAME	ADDRESS	PHONE
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- A peer you have lived with

NAME	ADDRESS	PHONE
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Medical

1. Please complete and return the APPLICANT'S MEDICAL FORM attached to this application or sent to you.
2. Please ask your physician to complete and return the EXAMINATION REPORT attached to this application or sent to you.

Last Things

DO YOU CURRENTLY HAVE AN APPLICATION WITH ANOTHER VOLUNTEER PROGRAM? YES NO IF SO, WHAT IS THE STATUS OF YOUR APPLICATION? _____

DO YOU DRIVE? YES NO IF SO, DO YOU PLAN TO BRING A CAR WITH YOU? YES NO

THE CAPCORPS VOLUNTEER PROGRAM YEAR USUALLY BEGINS IN MID-AUGUST. WOULD YOU BE READY? YES NO PLEASE COMMENT IF NECESSARY. _____

PLEASE NOTE: ALTHOUGH THIS APPLICATION PLACES NO OBLIGATION UPON YOU OR THE CAPUCHIN-FRANCISCAN VOLUNTEER CORPS, IT DOES INDICATE A SERIOUS INTENTION ON YOUR PART TO JOIN THE PROGRAM IF YOUR APPLICATION IS APPROVED.

Signature

I attest that all information contained in this application is true, to the best of my knowledge. In submitting this application I understand that all materials become property of the Capuchin-Franciscan Volunteer Corps and that none of it will be returned to me. I also understand that this form with its supporting materials may also be reviewed by the placement agency for which I am being considered.

SIGNATURE

DATE