

Education History

High School Name and City Graduation Year

College/University Name and City Major Minor

Dates Attended Graduation Year Degree Earned

Graduate School Name and City

Dates Attended Graduation Year Degree Earned

Trade/Technical School Name and City Area of Training

Dates Attended Graduation Year Degree/Certificate/License

Work Experience

List your last three employers starting with the present one. Please give approximate dates and brief description of Your position.

- 1 _____

- 2 _____

- 3 _____

Volunteer Experience

List organizations where you have 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 Cap Corps 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: _____

Do you have any medical conditions that might affect your service? **Yes** **No** If Yes, please specify: _____

Are you currently in a counseling relationship with a psychologist or other therapist? **Yes** **No**

Have you ever received professional counseling or psychotherapy? **Yes** **No** If Yes, please specify: _____

Have you ever been addicted to drugs or alcohol? **Yes** **No** If Yes, years in recovery: _____

Have you ever been a member of a religious community or enrolled in a seminary? **Yes** **No**
If Yes, indicate your reasons for leaving: _____

Name and Address of Seminary or Religious Community

Dates

Essay

Compose an essay, candidly and thoroughly covering the following topics. 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 may have contributed to your growth and development?
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 a simple lifestyle?
5. How do you cope with stressful situations and how do you handle directives from others, especially those in authority with whom you may strongly disagree?

References

Please list the names of FOUR (4) 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 form or sent to you.
2. Please ask your physician to complete and return the Examination Report attached to this form or sent to you.

Last Things

Do you currently have an application with another volunteer program? **Yes No** If Yes, what is the status of your application? _____

Do you drive? **Yes No** If so, do you plan to bring your vehicle with you? **Yes No**

The Cap Corps Volunteer program year usually begins in mid-August. Would you be ready? **Yes No**

Comment, if necessary: _____

PLEASE NOTE: Although this application places no obligations on you or the Capuchin Franciscan Volunteer Program, 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 the 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 material may be reviewed by the placement agency for which I am being considered.

Signature

Date