



Please attach a recent photograph

SOME LONG-TERM VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Address – Permanent _____

City _____ State _____ Zip _____ Phone _____ Email _____

Address – Temporary _____

City _____ State _____ Zip _____ Phone _____ Cell phone _____

Nearest relative in case of emergency _____

Phone _____ Email _____

Family Background

Father's name _____

Address _____
City/State/Zip _____ Phone _____ Email _____

Occupation _____

Mother's name _____

Address _____
City/State/Zip _____ Phone _____ Email _____

Occupation _____

Brothers & Sisters _____ Age _____ Occupation _____

(Continued on page2)

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General Background Information

Religious Affiliation/Preference _____

Physical Health: Excellent Good Poor Explain _____

Have you received psychiatric counseling? _____

Have you been treated for addictions? _____

Are you on any medications? Yes No What are they? _____

Have you ever been arrested? Yes No Explain _____

Travel Experience _____

Hobbies, Interests, Talents, Musical Instruments _____

Past Volunteer Experience _____

(Driving is not a requirement of being a volunteer.)

Do you drive? Yes No Do you plan to bring a car? Yes No

Do you have a valid driver's/chauffeur's license? Yes No

Have you had any accidents? Yes No

If yes to an accident, please explain: _____

Educational Background

1. College/University _____

City _____ State _____ Date of Degree _____

Highest Degree Earned _____

Type _____ Date _____ Major & Minor _____

(Continued on page 3)

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Educational Background (cont'd)

2. Secondary School & Location _____
_____ High School Diploma/Year _____

Significant Educational Experiences _____

Occupational Background (List most recent employment first)

1. Type of work _____ From _____ To _____

Agency/Employer _____
Name Street Address

City State Zip Phone

2. Type of work _____ From _____ To _____

Agency/Employer _____
Name Street Address

City State Zip Phone

3. Type of work _____ From _____ To _____

Agency/Employer _____
Name Street Address

City State Zip Phone

Volunteer Experiences (Describe) _____

(Continued on page 4)

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References: Please list four references including, if possible, an educator, an employer, a religious worker, and a personal or mentor reference.

1. _____
Name Email Relationship

Street Address City State Zip Phone

2. _____
Name Email Relationship

Street Address City State Zip Phone

3. _____
Name Email Relationship

Street Address City State Zip Phone

4. _____
Name Email Relationship

Street Address City State Zip Phone

Self-Evaluation

What is your general goal and direction in life at this particular time?

Please comment on how your service will impact your relationship with God and with others.

(Continued on page 5)

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Self-Evaluation (cont'd)

Please evaluate yourself in terms of the following:

Check the appropriate response:
(High) (Low)

Cooperative: work well with others 5 4 3 2 1

Adaptable: adjust to changes 5 4 3 2 1

Sensitive to others: aware of individual differences and needs and responsive to them 5 4 3 2 1

Sociable: enjoy being with others and relate well with all ages 5 4 3 2 1

Ability to communicate: express myself clearly 5 4 3 2 1

Self-discipline: even-tempered; perform necessary but perhaps tedious tasks 5 4 3 2 1

Leadership: influence others naturally; effective as a group leader 5 4 3 2 1

Self-worth: awareness of strengths and limitations in a positive sense 5 4 3 2 1

Comments:

(Continued on page 6)

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Essay

Please write a short essay about volunteering, incorporating answers for each of these questions (*at least one page per question*):

- Why do I want this volunteer experience?
- What is my thinking on poverty, community living, simple lifestyle?
- Who has influenced my thinking about wanting to do this volunteer work?
- What do you plan to do after your year long experience?

Signature

Date

Please return completed application to: Fr. John Adams, President
SOME
71 "O" Street, NW
Washington, DC 20001

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