



## Benedictine Volunteers

*-Application Packet for 2 months-2 years term*

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Thank you for applying for Benedictine Volunteers! We look forward to getting to know you through this application process. Before you begin filling out this application packet, please help us know that you meet our program's preliminary requirements by checking the following boxes to confirm that you are:

- |   |  |
|---|--|
| <input type="checkbox"/> Catholic           | <input type="checkbox"/> a United States citizen and/or currently residing in the U.S. with a valid visa |
| <input type="checkbox"/> female             | <input type="checkbox"/> able to commit to 2 months – 2 years of full-time, live-in volunteer service    |
| <input type="checkbox"/> ages 20-58         | <input type="checkbox"/> discerning your life's call, vocation, and/or a possible call to religious life |
| <input type="checkbox"/> not married        |  |
| <input type="checkbox"/> have no dependents |  |

Benedictine Volunteers offers 2 months – 2 years volunteer placements at two different Benedictine women's communities in North Dakota and Texas. We hope that you have had the chance to visit our website, [www.benedictinevolunteers.com](http://www.benedictinevolunteers.com), to discern which community may be your best fit. Please indicate your placement site preference by checking the box next to the site you would most like to be assigned to. Please mail or e-mail your application packet to this site. Applications are accepted year round.

- Annunciation Monastery**  
Attn: Benedictine Volunteers  
7520 University Drive  
Bismarck, ND 58504

**Bismarck Site Coordinators:**  
Srs. Hannah Vanorny, JoAnn Krebsbach,  
Marena Hoogland ([hvanorny@gmail.com](mailto:hvanorny@gmail.com))  
(701-425-9734)

- St. Scholastica Monastery**  
Attn: Benedictine Volunteers  
214 West Highland  
Boerne, TX 78006

**Boerne Site Coordinator:**  
Sr. Ursula Herrera ([sisursie@hotmail.com](mailto:sisursie@hotmail.com))  
(830-776-1040)

**General Information – please type or print clearly your responses to the following**

Last Name:	
Full First Name:	
Full Middle Name:	
Name you prefer to be called:	
Date of Birth:	
Status:	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Present Address:	
City, State, Zip code:	
Best phone number to reach you:	
Time zone you are in:	
E-mail Address:	
Permanent Address (if different):	
City, State, Zip code:	
Do you possess a valid driver's license*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you prefer to bring your own automobile*?	<input type="checkbox"/> Yes (If yes, do you have auto insurance?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Do you have health insurance*?	<input type="checkbox"/> Yes (If yes, please specify company: _____) <input type="checkbox"/> No (If no, please know we require volunteers to maintain their own health insurance during their time. This can be availed on your own or through the Catholic Volunteer Network for \$248 per month.)

\* Volunteers will be asked to provide proof of driver's license, auto insurance, and health insurance.

**Education – Please list your high school and college education (if applicable)**

High school name(s) and location(s): \_\_\_\_\_

Did you graduate?: \_\_\_\_\_

Undergraduate college(s): \_\_\_\_\_

Area(s) of study: \_\_\_\_\_

Did you graduate? If no, please explain: \_\_\_\_\_

Graduate schools: \_\_\_\_\_

What was your graduate work in?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_

## Medical Information

Are there any special medical conditions that might affect your volunteer service? Please specify disabilities, chronic illness, history of mental health, physical limitations, dietary allergies, prescription medications you currently take, and/or any other restrictions.

Do you have a history of emotional/psychological difficulties? If yes, please explain. Have you ever been or are you currently under psychiatric care? Have you taken or do you currently take related medicine?

## Emergency Contact – the following person will be contacted in the case of an emergency

First and Last Name:	
Address:	
City, State, Zip code:	
Best phone number to reach him/her:	
Relationship to you:	

## List of References

We request three personal recommendations in this application process. These people should know you well and be in a position to judge your general character, motivation, and qualifications for Benedictine Volunteers.

### 1. Faith Reference (e.g. pastor or spiritual director)

First and Last Name:	
Relationship to you:	
Best phone number to reach him/her:	
E-mail:	

### 2. Professional Reference (e.g. employer, supervisor, or teacher)

First and Last Name:	
Relationship to you:	
Best phone number to reach him/her:	
E-mail:	

3. Personal Reference (e.g. colleague or friend)

First and Last Name:	
Relationship to you:	
Best phone number to reach him/her:	
E-mail:	

**Serve the World & Discern your Call**

1. Briefly tell us how God is currently speaking to you in your life and how you feel volunteer service will enable you to grow spiritually.

2. What are you passionate about? What personal strengths and abilities enable you to act on this passion?

3. What do you identify as personal limitations or areas of improvement as you anticipate living and working in a community environment? What qualities may help or hinder you?

4. If accepted into the program, please tell us when you would be able to start and for how long a service length you are able to commit.

### Interests

Benedictine Volunteers offers service opportunities in a variety of ministries. On this page, please tell us which areas you are interested in volunteering. Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Archives Work                                 | <input type="checkbox"/> Making Jams & Jellies                 |
| <input type="checkbox"/> Arts & Crafts                                 | <input type="checkbox"/> Multicultural Ministry                |
| <input type="checkbox"/> Canning Vegetables                            | <input type="checkbox"/> Office & Clerical Assistance          |
| <input type="checkbox"/> Faith and Spiritual Development               | <input type="checkbox"/> Outdoor Grounds Work                  |
| <input type="checkbox"/> Community Organizing, Outreach, & Development | <input type="checkbox"/> Photography                           |
| <input type="checkbox"/> Cooking & Baking                              | <input type="checkbox"/> Poverty Alleviation                   |
| <input type="checkbox"/> Ecumenical Work                               | <input type="checkbox"/> Prison Ministry                       |
| <input type="checkbox"/> Elderly Ministry & Outreach                   | <input type="checkbox"/> Prayer Ministry                       |
| <input type="checkbox"/> Food Pantry Work                              | <input type="checkbox"/> Religious Education                   |
| <input type="checkbox"/> Gardening & Harvesting                        | <input type="checkbox"/> Sacristy & Sacred Space Arrangement   |
| <input type="checkbox"/> Health Care Ministry                          | <input type="checkbox"/> Switchboard and Communications        |
| <input type="checkbox"/> Hospitality Ministry                          | <input type="checkbox"/> Teaching English as a Second Language |
| <input type="checkbox"/> Indoor Housekeeping                           | <input type="checkbox"/> Teaching Spanish to English Speakers  |
| <input type="checkbox"/> Library Work                                  | <input type="checkbox"/> Web & Technology Assistant            |

### Language Skills

It is helpful for us to know if you speak any languages other than English. If applicable, please check your level of ability.

Spanish	<input type="checkbox"/> Limited <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	<input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Other/s (please specify: _____)	<input type="checkbox"/> Limited <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	<input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

## Recruitment Information

Please share with us how you heard about Benedictine Volunteers:

- |  |  |
|--|--|
| <input type="checkbox"/> Benedictine Volunteers Website  | <input type="checkbox"/> Twitter                               |
| <input type="checkbox"/> Benedictine Volunteers Brochure | <input type="checkbox"/> Pinterest                             |
| <input type="checkbox"/> Facebook                        | <input type="checkbox"/> Catholic Volunteer Network            |
| <input type="checkbox"/> Instagram                       | <input type="checkbox"/> Other ( <i>please specify:</i> _____) |

## Signature & Date

By submitting this application, I affirm that all information contained in this application is true to the best of my knowledge. Any false statements, omissions, or other misrepresentations in my application, résumé, any other materials, or during any interviews, can be justification of refusal of acceptance or continuation of the program. By submitting this application, I understand and agree that all materials become property of Benedictine Volunteers and that none of the materials will be returned to me. I understand that the self-reference form, along with my résumé will be reviewed by the work supervisors of the service opportunities for which I am being considered.

Full Name ( <i>printed</i> ):	
Signature:	
Date:	

*We will contact you when the site has received your application packet and keep you updated on the status of references received. If your application is approved, you will be asked to authorize our background check provider, VerifiedVolunteers, to do a background check on your history, including driving history, credit records, and criminal acts.*