

Benedictine Volunteers



-Application Packet

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"/> able to commit to 2 months – 2 years of full-time, live-in volunteer service |
| <input type="checkbox"/> female | <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 | |
| <input type="checkbox"/> a United States citizen and/or currently residing in the U.S. with a valid visa | |

Benedictine Volunteers offers 2 months – 2 years volunteer placements at Annunciation Monastery in Bismarck, North Dakota. We hope that you have had the chance to visit our website, www.benedictinevolunteers.com. If you have questions and/or need some guidance discerning, contact Sister Idelle Badt at irbadt@umary.edu. We are happy to speak with you! Applications are accepted year-round.

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

Bismarck Site Co-coordinators
Sr. Idelle Badt
irbadt@umary.edu
701.989.5195

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 check the box corresponding to your highest level of education completed

High School:	<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma
College:	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post-graduate Degree
Name of College/s:		
Major/s:		

Medical Information

Benedictine Volunteers strive to foster an environment of health and well-being. Because our volunteers live in community with sisters and other volunteers long-term, it is helpful to know if you have any health conditions so that we may better respond to your needs. On the following page, please indicate if you have ever had any of the following conditions by checking the box and indicating dates next to the condition that applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Anemia / Blood diseases | <input type="checkbox"/> Heart disease / Circulatory |
| <input type="checkbox"/> Allergies (please specify: _____) | <input type="checkbox"/> Hepatitis or liver problems |
| <input type="checkbox"/> Anxiety or nervous problems | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Arthritis or gout | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Asthma, emphysema, bronchitis | <input type="checkbox"/> HIV/ AIDS /STDs |
| <input type="checkbox"/> Cancer (please specify: _____) | <input type="checkbox"/> Kidney stones / Cysts / Failure |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Diabetes (please specify: _____) | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Drug or Alcohol problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Gall bladder | <input type="checkbox"/> Tuberculosis |
| | <input type="checkbox"/> Other (please specify: _____) |

• What prescription medications do you currently take?

• Are there any special medical conditions that might affect your volunteer service? Please specify disabilities, chronic illness, physical limitations, dietary allergies, and any other restrictions.

• Do you have a history of emotional/psychological difficulties? If yes, please specify.

• Have you ever been or are you currently under psychiatric care? Have you taken or do you currently take related medication?

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:	

Self-Reference Form

About this Form

Benedictine Volunteers seeks mature, well-balanced women motivated by our mission to extend the hearts and hands of the community by reaching out with the sisters to serve the needs of the Church and world. This self-reference form will help us to know you better as we consider your service placements.

Questions – *please provide brief answers to the following questions*

1. What are you passionate about? How is God working in your life? How is God calling you to volunteer service?

2. 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?

3. Please summarize your previous volunteer experience. If you have not had any volunteer experience, please summarize a circumstance or situation in which you worked as part of a team.

Work-related Skills

Please check the box you feel best describes how well you perform the following skills:	Excellent Performance	Exceeds Requirements	Satisfactory	Needs Improvement	Unsatisfactory
• Creativity					
• Problem Solving					
• Self-starting					
• Attentive listening					
• Use time effectively					
• Take direction well					
• Seek professional growth					
• Flexible in addressing difficulty or unexpected situations					

Interpersonal Skills

Please check the box you feel best describes how you most typically behave on most days, most projects, and with most people:	Almost Always	Usually	Occasionally	Rarely	Almost Never
• Enjoy living with others					
• Share feelings/thoughts with others					
• Contribute to community life & well-being					
• Share in household duties such as maintaining neat and clean living spaces					
• Demonstrate respect and acceptance of differences					
• Respect and care for my needs					
• Respect and care for others' needs					

Work Placements Preference Form

About this Form

Benedictine Volunteers foster the personal and spiritual development of volunteers by providing enriching and broadening service experiences in a Benedictine environment. This placement preference form will help us know how to match you with service opportunities that best meet your unique skills and interests.

Interests

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

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

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

Other Information

1. Please list other opportunities you are pursuing at this time besides Benedictine Volunteers (e.g. other volunteer programs, graduate school, employment options).

2. If accepted, please tell us when you would be able to start full-time placement and for how long a service length you are able to commit.

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, 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.

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

Thank you for applying to Benedictine Volunteers. 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.