

Augustinian Volunteers Application

Augustinian Volunteers are Catholic men and women who wish to serve God's people in partnership with the Augustinians and others. The service of the Volunteers is with established educational, social, and health programs and varies according to the needs of the sponsoring site and the individual Volunteer.

The experience of the Augustinian Volunteers is designed to facilitate a person's desire to serve others. It is also focused on the Volunteer's personal and spiritual development in the Augustinian tradition. By building and living in community with other Volunteers and forming relationships with local Augustinian Communities, the Volunteers' lives will be enriched as they enrich the lives of others.

*****Please note that we ask you to keep your answers brief, preferably within the confines of this application form. If necessary, please submit a maximum of one additional page to this application.*****

First Name _____	Middle Name _____	Last Name _____
Preferred Name: _____		Age: _____
Date of Birth: ____/____/____		
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Are you a legal resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
College: _____ Major: _____ Year of Graduation: _____		

Present Address (until ____/____/____) Street Address _____ City _____ State _____ Zip _____ Cell Phone ____ - ____ - _____ Email _____	Permanent Address (if different) Street Address _____ City _____ State _____ Zip _____ Home Phone ____ - ____ - _____
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Father's Name _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased Address _____ _____ Stepmother's Name _____ Address _____ _____	Mother's Name _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased Address _____ _____ Stepfather's Name _____ Address _____ _____
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Names and ages of siblings	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Are there any family, personal or financial obligations that might inhibit your offering a year of service with the Augustinian Volunteers? Yes No If yes, please explain.

Do you speak a language(s) other than English? Yes No

If yes, state the language(s). _____

Select your proficiency level: Beginner Intermediate Conversational Fluent

Explain how you arrived at this level of proficiency.

List three of your leisure activities and hobbies.

1. _____ 2. _____ 3. _____

Please list the three most important church, work, academic, social and/or community-related involvements you have had over the past four years.

1. _____ 2. _____ 3. _____

Describe your involvement.

Describe why these experiences were important to you.

Are you religious? If so, what religion do you practice? _____

Why are you applying to be part of a faith-based program?

What three qualities would you attribute to yourself?

1. _____ 2. _____ 3. _____

What is your greatest strength?

What is your greatest weakness?

How did you hear about the Augustinian Volunteers?

What type of volunteer work would interest you in the coming year?

Do you have any preference as to the Volunteer city in which you would like to be placed for the year? If so, please list and explain why.

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

If yes, please write the state and license number from where it was issued. _____

For insurance purposes, please list any driving violations or accidents you have been issues within the past three years.

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, please give a detailed explanation.

ELEMENTARY SCHOOL

Name _____

City/State _____

Dates attended _____

MIDDLE SCHOOL

Name _____

City/State _____

Dates attended _____

HIGH SCHOOL

Name _____

City/State _____

Dates attended _____

COLLEGE/UNIVERSITY

Name _____

City/State _____

Dates attended _____

Degree _____

Minor/Concentration _____

Are you currently licensed or certified in any field?

Yes No

If yes, please indicate what field.

GRADUATE SCHOOL

Name _____

City/State _____

Dates attended _____

Degree _____

Area of Focus _____

TRADE/TECHNICAL SCHOOL

Name _____

City/State _____

Dates attended _____

Degree/certificate of competency _____

OTHER

**PLEASE SEND APPLICATION,
HEALTH FORM & RESUME TO:**

**Augustinian Volunteers
214 Ashwood Road
Villanova, PA 19085**

**Phone: 610.527.3330 ext. 291
Fax: 610.520.0618
Email: osavol@gmail.com**

OFFICE USE ONLY:
Date Application Received _____

Augustinian Volunteers Health Form

Dear applicant,

This form is to be filled out by you. Please answer each question carefully and honestly. As stated in our policies and procedures, "If a problem should arise due to false, deceiving, neglected or misleading information that was provided by the Volunteer during the application process, then a reassessment of the Volunteer's status in the program will take place." Please note that we take this information very seriously in order to provide you with the best experience. Please check the correct box, as indicated and explain any relevant information. Thank you.

How do you appraise your present health?

EXCELLENT

GOOD

FAIR

POOR

If you answer yes to any of the following questions please indicate in more detail at the end of this section the specifics behind your answer.

- Do you present have any special medical or dental needs?
 Yes No
- Have you ever had surgery?
 Yes No
- Do you have any chronic ailments?
 Yes No
- Do you have any physical disability?
 Yes No
- Do you experience migraines?
 Yes No
- Do you have difficulty sleeping?
 Yes No
- Do you snore or have any breathing disorder when you sleep?
 Yes No
- Do you have any sleeping irregularities (e.g. insomnia, sleepwalking, night terrors, etc.)?
 Yes No
- Do you smoke?
 Yes No
- Have you ever had professional treatment for an emotional or mental disturbance?
 Yes No
- Are you presently undergoing any treatment for a physical or mental disorder?
 Yes No
- Have you ever had psychological counseling or therapy?
 Yes No
- Is there any history of serious or chronic illness in your family?
 Yes No

If you answered YES to any of the above questions, please explain your answer below.

- Are you allergic to any medications?
 Yes No
- Are you presently taking any medications?
 Yes No

If you answered YES, please list allergies to medications as well as list and explain any prescription medications you take. (Please note, if any prescription medications are not listed here, the Augustinian Volunteers may not be able to cover those costs during the Volunteer's term of service.)

In the questions below, please check the box if it is applicable and briefly explain in the lines below.

- Have you or anyone close to you ever had an eating disorder?
 Yes No
- Have you or anyone close to you ever suffered from depression and/or anxiety?
 Yes No
- Have you or anyone close to you ever suffered from alcoholism?
 Yes No
- Have you or anyone close to you ever suffered from drug abuse?
 Yes No
- Have you or anyone close to you ever been the victim of abuse (emotional, mental, physical, sexual)?
 Yes No

What do you do for physical exercise?

How often? _____

Do you follow any special diet or have any dietary restrictions? (e.g. vegetarian, vegan, lactose intolerant, gluten allergies)

Please include any other information about yourself that you feel might be pertinent to know about your personal history.

Person to notify in case of an emergency:

Name _____

Phone _____

Relationship _____

Applicant's Signature

Date