



PHJC Volunteers

Make a difference with heart!

Volunteer Application

(Please fill out this application, print it, and mail it in to protect your privacy.)

GENERAL INFORMATION

Legal name: _____ DOB: _____

Preferred Name: _____

Gender: Female Male

U.S. Citizen: Yes No Are you authorized to work in the U.S.?: Yes No

Ethnicity: (optional): _____

Address: _____

State: _____ Zip Code: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ FAX: _____

Faith Affiliation (optional): _____

Church (optional): _____

Do you own your own car? Yes No Are you a licensed driver? Yes No

Do you have current auto insurance? Yes No (If so, please provide copies of your current driver's license and insurance.)

EDUCATION

(Please submit a hard copy or pdf version of your resume, including references and transcripts for degrees conferred.)

Degree: _____ Year _____ College/University _____

High School _____ or GED _____ Year _____

Trade / Correspondence School _____ Year _____

Post Graduate Degree _____ Year _____ College / University _____

Special Study / Interest beyond formal schooling: _____

Professional License or Certification: _____

Professional Organizations to which you belong _____

Employment History

List your past three employers beginning with the most current:

Date _____ Position: _____ Dates: _____

Name of Employer: _____ Phone: _____

Date _____ Position: _____ Dates: _____

Name of Employer: _____ Phone: _____

Date _____ Position: _____ Dates: _____

Name of Employer: _____ Phone: _____

Current employment: _____ For how long? _____

If not employed , why? _____

Have you served in the military, which branch? _____. If yes, what education, training, or work experience did you receive while serving? _____

Health Information

Current Diagnoses:

Current Medications:

Allergies: _____

Dietary Restrictions: _____

Restrictions for work or activities: _____

Emergency Contacts

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

EmailAddress: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

EmailAddress: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

EmailAddress: _____

Personal information

1. Describe your interests and hobbies.

2. How did you hear about the Poor Handmaids of Jesus Christ Volunteer Program?

3. Describe your familiarity with the PHJCs.

4. Describe your life experience in a faith community.

5. Why are you interested in becoming a volunteer at this time?

6. What do you hope to gain as a volunteer?

7. Have you ever been a volunteer before? If so, when and where? Please describe your role(s).

8. Do you speak another language? Yes No If so, which? _____
Limited Conversational Fluent
9. What skills and abilities do you have to offer as a volunteer?
10. Describe your involvement in community and church activities.
11. How do you see yourself as being open to the Spirit?
12. What are your hopes and concerns for community living with the Poor Handmaids of Jesus Christ? What would you like to learn by living intentional community?
13. What type of person would you find most difficult to live with? What might others find difficult about living with you?
14. What skills do you bring to the table for navigating community living?
15. How do you currently live a simple lifestyle? Are you open to learning more about living more simply?
16. In what ways would you like to challenge yourself to live simply in this time as a volunteer?
17. How do you currently show dignity and respect for all persons and creation?

18. What opportunities have you had to work with persons of different backgrounds and faith traditions (i.e., economic, social, financial, spiritual and sexually oriented backgrounds)? What would be greatest challenge?

19. How have you experienced compassion in your life? How have you shown compassion to others?

20. Are you currently seeking placement with other volunteer organizations? Yes No
If so, with whom? _____

Present status of application? _____

21. Please list and explain financial, family or personal obligations or situations which might impact your commitment to the PHJC Volunteer program.

22. What length of time do you wish to volunteer? 3 mos. 6 mos. 9 mos. 12 mos.

23. Beginning when? _____ Ending when? _____

24. Please attach a current photograph.

25. Page 7 is for a mini-autobiography to respond to the following question(s). Responses can be as long or short as you would like, but it is our intention to let these assist us in getting to know you.

- "Who are you?"
- "How do you define your personality and character?"
- "Highlight significant people and events that have shaped who you are today."
- "What is your sense of service?"
- "How has service been a part of your faith experience"

Rating Scale

Please rate yourself on the following scale. Be as honest as possible, again to help us to get to know you better and find the right placement for you.

	Great Ability	Some Ability	Little Ability	No Ability	No Not Know
WORK A FULL DAY					
WALK LONG DISTANCES					
TOLERATE DIETARY CHANGES					
DISPLAY FLEXIBILITY WITH SCHEDULES/PLANNING					
ADAPT TO DIFFERENT CULTURES					
FIND HUMOR IN DIFFICULT SITUATIONS					
RELATE TO PEOPLE WHO ARE VERY POOR					
LIVE A SIMPLE LIFESTYLE					
BE A SELF-STARTER/INITIATOR					
DEMONSTRATE TIME MANAGEMENT					
ACCEPT FEEDBACK WITH A POSITIVE MANNER					
GIVE FEEDBACK WITH A POSITIVE MANNER					
WORK AS A TEAM MEMBER					
BE CULTURALLY SENSITIVE					
GET ALONG WITH OTHERS					
COLLABORATE/COOPERATE ON A PROJECT					
TOLERATE DIFFERENCES					
HANDLE DIFFICULT SITUATIONS					
WORK WITH THE GENERAL PUBLIC					
HEAR DIVERSE PERSPECTIVES					
PARTICIPATE IN GROUP ACTIVITIES					
LEAD GROUP ACTIVITIES					
SHARE FAITH/PRAAY WITH GROUP					

26. Are you willing to undergo a background check? Yes No
27. Are you willing to undergo a drug test? Yes No
28. Are you willing to undergo fingerprinting? Yes No
29. List all arrests / criminal history outside the state of Indiana.

I attest that all information contained in this application is true to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of acceptance or continuation in the program. In submitting this application I understand and agree that all materials become property of the PHJC Volunteer Program and that none of the materials will be returned to me. I also understand that my resume and all references will be reviewed by the partner agency(ies) for which I am being considered.

**Application process does not guarantee acceptance into the program.

Signed: _____ Date: _____

