

# Servants of Mary

## Volunteer Program Application

NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street Apt.  
\_\_\_\_\_  
City State Zip

PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
\_\_\_\_\_  
Social Security Number Date of Birth

RELIGIOUS AFFILIATION: Are you involved in any religious or service-related activity, clubs, support groups, etc. If your are please describe..

**EDUCATION:** Please list any college, university, vocational school, and high school attended.

| <u>Name of the School</u> | <u>Area of Study (Degree</u> |
|---------------------------|------------------------------|
| _____                     | _____                        |
| _____                     | _____                        |
| _____                     | _____                        |

**VOLUNTEER TIME:** When would you like to volunteer?

### SKILLS:

Do you speak any language other that English? \_\_\_\_\_  
Yes/No Language

Do you have a driver's license? \_\_\_\_\_ Which State? \_\_\_\_\_  
Yes/No

List any skills, experience, or talents you have that would assist us in our ministry.

List any work you would like to be involved in as a Servite Volunteer, e.g. education, adult/youth/senior citizen program, health outreach, soup kitchen, other

**REFERENCES:** Please list three people we may contact for references

|    | NAME  | ADDRESS | PHONE | RELATIONSHIP |
|----|-------|---------|-------|--------------|
| 1. | _____ | _____   | _____ | _____        |
| 2. | _____ | _____   | _____ | _____        |
| 3. | _____ | _____   | _____ | _____        |

**EMERGENCY CONTACT(S)** Name, Address, and phone of contacts in case of emergency.

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**MEDICAL INFORMATION:** List any medical condition you have and medication you take.

Do you smoke? \_\_\_\_\_

What kind of **Insurance** do you have?

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**Send references to:**

Sister Cecilia Fandel, OSM  
Ruah House  
7712 N. Paulina Street, Apt. 1  
Chicago, IL 60626

Sister Rosemary Fandel, OSM  
Servite Motherhouse  
1000 College Avenue W.  
Ladysmith, WI 54848