

Serving with Sisters

Carmelite Sisters Volunteer Program

Application Checklist

Please use this checklist as you complete the SWS application. You do NOT have to wait until all items are completed before sending in your application. If you would prefer to email any part of this application, please do so servingwithsisters@outlook.com

Applications received before April 1st will be given priority status. Applications received after this date will be processed in the order they are received.

Items needed to complete an application:

- ___ Completed Application Form
- ___ General Information Form
- ___ Release Form
- ___ Electronic Image Form
- ___ A recent picture of yourself
- ___ Autobiography
- ___ Self-reference
- ___ One sealed letter of reference (Please have these sent directly to our office.)
- ___ Medical Form

Please return all materials to:

Serving with Sisters Program
Attention: Sister Maria Goretti, OCD
920 E. Alhambra Rd.
Alhambra, CA 91801
(626) 557-5816
servingwithsisters@outlook.com

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Application

Answer the following on another sheet of paper.

1. How did you hear about the Serving with Sisters program? What aspects of this volunteer program most attract you? Describe your motivations for applying for the Serving with Sisters program.
2. What are your hopes and expectations for this experience?
3. What contact have you had with Religious Sisters? Have you had any experience with Carmelite Spirituality? Explain.
4. What is your idea of community? Describe any experiences you have had living in community? What are the positive contributions that you would bring to a community living experience?
5. What do you consider to be a simple lifestyle? What exposure have you had to simple living?
6. Briefly describe your experiences in your volunteer work in terms of what you learned. What were the greatest rewards and what were the greatest difficulties / challenges?
7. Have you ever been convicted of a felony or misdemeanor crime? If yes please explain. (Attach additional pages if necessary.)



Carmelite Sisters of the Most Sacred Heart of Los Angeles

General Information

Name: _____

Address: _____

City/State/Z-Code: _____

Home Phone #: () _____ Cell Phone #: () _____

E-mail Address: _____ Age: _____ D/O/B: _____

Religion: _____ Parish: _____

Emergency Information

Any known allergies? _____

Any illness? _____

Any known dietary allergies? _____

Medications currently taking? _____

Medications normally taken for headaches, stomach cramps, allergies, etc.? _____

Doctor: _____ Doctor's Phone #: _____

Emergency Phone Number: _____ Cell #: _____

Please list two additional adults who could be contacted in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____



Carmelite Sisters of the Most Sacred Heart of Los Angeles

Release Form

I request that _____, be permitted to participate in **a volunteer program during the days of May 23, 2020 through June 6, 2020.**

As a condition of being allowed to do so, I hereby, release and discharge the Carmelite Sisters of the Most Sacred Heart of Los Angeles, its parent, subsidiaries, affiliates, members, or their respective officers, directors, and employees (“Releasee”) from any and all claims for personal injuries or property damage that I/he/she may suffer as a result of participation in the program or event listed above, whether or not such injuries or damages are caused by the negligence (active or passive) of Releasee. Should it be necessary to have medical treatment rendered while participating in the volunteer program, I hereby give Releasee permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the Releasee personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the Releasee and other participating adults from any liability in connection with this request.

First and last Name of Individual (please print)

Date

Signature of Individual



Carmelite Sisters of the Most Sacred Heart of Los Angeles

Permission for Use of Image and Likeness

I, _____, understand and agree that from time to time, the facility and its sponsor, the Carmelite Sisters of the Most Sacred Heart of Los Angeles, in relation to their educational and apostolic work, may wish to publish photograph(s) or video containing my image or likeness within informational/promotional media that may be available to the public. Said media may include but are not limited to brochures, visual/audio presentations, and websites. In addition, I further understand and agree that this authorization will remain in effect until it is withdrawn by the undersigned in a written notice.

I thereby agree and specifically grant permission to use image and likeness in the aforementioned Media.

I further hereby waiver, release and forever discharge any and all claims, demands or causes of action and all its members, employees agents, and other persons, organizations or entities contracted by them, for damages or injuries in any way related to, connected to or arising from the publication of the aforementioned media.

Agreed to this _____ day of _____, 20__

First and last Name of Individual (please print)

Date

Signature of Individual

Serving with Sisters

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Autobiography

Please write a 2-4 page autobiography. We will use this as a chance to get to know you a little better. Of course you won't be able to touch on all the topics below—but please do your best to share the ideas and experiences that have most influenced you.

SELF

- Describe your personality. What about you might make an impression on others?
- What are your strengths and weaknesses? How do you use your gifts and talents to serve others? How do you work with your weaknesses?
- What do you like to do for fun?

FAMILY

- Describe your family and your relationship to your family.
- What have you learned from your family? What have you enjoyed most about them?
- What has been the most difficult aspect of your relationship with your family?

SPIRITUAL

- Who has most influenced your spiritual growth?
- What role does your faith play in your life?
- What areas of your spiritual life are you most hoping to improve?

SOCIAL

- Describe your relationship with your friends. How have these relationships impacted you?
- Are you in a committed dating relationship?

COMMUNITY INVOLVEMENT AND LEADERSHIP

- Describe past or present involvement in school, community, or church and how it has impacted you.
- How do you define leadership? How are you a leader?
- What are some of the situations you've lived in? What was difficult and what did you appreciate?

Serving with Sisters

Carmelite Sisters Volunteer Program

Self-Reference

Your Name _____

Please respond to the questions below and complete the survey. Include this sheet with the rest of your application materials. Please type or print clearly with black ink on this form or a separate sheet of paper.

1. Please give a recent example when you worked on a project or assignment important to you. What was challenging? What did you learn?
2. For what type of work are you best suited?
3. What skills do you bring to this type of volunteer service and experience of community living?
4. What else would you like us to know about you as a potential Serving with Sisters volunteer?

Please also complete the following survey.

	Excellent	Above Average	Average	Below Average	Weak	Unable to Judge
Sense of Humor						
Maturity						
Emotional Stability						
Gets along with others						
Common Sense						
Dependability						
Tact						
Initiative						
Flexibility						
Creativity						
Ability to express feelings						
Ability to work alone						
Effective use of time						
Ability to accept direction in her work						
Knows own limits/ cares for own needs						
Seeks integration of faith in own life						

List three adjectives that best describe you:

Overall, how would you rate yourself as an applicant? (circle one):

Exceptional, rare find

Very Good, no reservations

Good, better than many

Recommended

OK, some reservations

Weak, should be discouraged

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Reference

Please list the person whom you have asked to complete your references. He or she should currently know you well, be in a position to reflect your general character, motivation, and employment or educational record, and be able to evaluate your compatibility for the Serving with Sisters Program.

Name _____ Position: _____

Phone _____

Mailing Address _____

Serving with Sisters

Carmelite Sisters Volunteer Program

Reference

To Applicant: Please check your preference.

_____ I waive my right of access to this reference form.

_____ I do not waive my right to this reference form

Signature of Applicant _____

To the Reference-

The Serving with Sisters program seeks mature, well-balanced, and spiritually motivated women to work alongside the Carmelite Sisters of the Most Sacred Heart in service to our various apostolates of health care, education and retreat work. The SWS program takes seriously its core values of faith, simplicity, service, and community and is looking for applicants who desire this focus.

No applicant will be rejected on the basis of a single reference. Please feel free to omit any questions that you do not feel qualified to answer.

Please type or print clearly your responses on a separate piece of paper (1 page only) and attach it with this form. Please put the applicant's name at the top of all references. Return this reference form and attached answers to the applicant in a sealed envelope with your name signed across the sealed flap. The applicant will submit your reference as part of her completed application. Please keep a copy of this form for your records in case this reference is lost in the mail.

1. How long have you known the applicant? In what capacity?
2. Please describe your experience of the applicant working and/or living with others?
3. Please describe an experience in which you have seen the applicant respond to conflict.
4. Please give an example of the applicant completing a project or assignment. How did she do in that process?
5. What else would you like us to know about the applicant?

	Excellent	Above Average	Average	Below Average	Weak	Unable to Judge
Sense of Humor						
Maturity						
Emotional Stability						
Gets along with others						
Common Sense						
Dependability						
Tact						
Initiative						
Flexibility						
Creativity						
Ability to express feelings						
Ability to work alone						
Effective use of time						
Ability to accept direction in her work						
Knows own limits/ cares for own needs						
Seeks integration of faith in own life						

List three adjectives that best describe the applicant:

Overall, how would you rate the applicant? (circle one):

Exceptional, rare find

Very Good, no reservations

Good, better than many

Recommended

OK, some reservations

Weak, should be discouraged

No strong feelings

Signature _____ Date _____

Email Address _____ Phone# _____

Mailing Address _____

Occupation _____

Serving with Sisters

Carmelite Sisters Volunteer Program

Medical Form

To be completed by applicant. Please type or print:

Name _____

*Serving with Sisters volunteers must be covered by their own medical insurance during their time of service.
Attach a photocopy of your insurance card with this form.

Physical Health:

1. Do you have any chronic illness or allergies? Yes _____ No _____
If so, please explain: _____
2. Are you presently under medication prescribed by a doctor? Yes _____ No _____
If so, indicate medication and any limitations it may cause: _____
3. Do you have any special dietary or eating needs? Yes _____ No _____
If so, please explain: _____
4. Activities during this program will include physical labor such as pushing, pulling, lifting, bending, climbing, etc. Would you need any modifications of these activities? Yes _____ No _____
Specify: _____

Emotional and Mental Health

1. Do you have any history of mental illness? Yes _____ No _____
If so, please explain: _____
2. Have you ever been under psychiatric care? Yes _____ No _____
3. Do you participate in individual and/or group counseling? Yes _____ No _____
If yes, how often and since what date? _____
4. Explain any history of chemical abuse as well as substance or food addiction

5. Mental Health (give a brief description of your overall current emotional/mental health)

* Thank you for your honesty. It will help the program place you correctly if we know you have physical or mental health concerns. All information will be kept in confidence.