

Dear Applicant,

Enclosed is an application for the Little Sisters of the Assumption Volunteer Program. The following are the forms necessary to complete for our application process:

1. **Application Form:** Please fill in all areas. You may add comments or elaborate upon any questions to give us a better understanding of your situation. Use another page if necessary.
2. **Autobiographical Essay Form:** While this need not be lengthy or literary, it is an important part of your application process, since it helps us to get to know you. In the event that a personal interview is not possible, this is a way to help us determine which LSAV site would be best suited for you. Please include a family profile as well as your recent life experiences.
3. **Reference Forms:** Before placement is considered, we require three letters of reference from the following settings: home, social and career/school. Please choose a reference from each of the following categories:
 - 1) home -- someone with whom you live (family, roommate, neighbor, etc.)
 - 2) social -- someone who knows you well and your reasons for wanting to volunteer (spiritual advisor, friend, teacher, etc)
 - 3) career/school -- (teacher, work supervisor etc).

All three categories must be represented. Please provide each reference with the enclosed form and urge that they respond promptly, as this is the most common delay in completing the application process. The three references are required prior to formal consideration being given.

4. **Medical Certification Form:** To be filled out and signed by your physician.

INTERVIEWS

Once we have received your Application form, Essay and three References, whenever possible a personal interview with the Coordinator of the LSAV will be arranged.

All Long Term Volunteers are urged to visit the potential volunteer site to get a feel for the type of experience that he or she will be entering. At times a formal pre-visit is required.

ONLINE APPLICATION FORM

LSA VOLUNTEERS

1. Name _____
first middle last
2. Address: (temporary) _____

Address: (permanent) _____

3. Telephone/s: _____
temporary permanent
4. Name and Phone Number of an Emergency Contact Person:

5. Social Security Number _____
6. Date and Place of Birth _____
7. Are you a U.S. citizen? _____
yes no type of visa green card
8. Religious Denomination _____
9. Status: Single () Married () Widowed () Separated () Divorced ()
Religious ()

Type of Work

Employer

Dates: from-to

10. Educational Background - Indicate School and dates of all degrees

Military Service: Branch_____ Year _____ Discharge _____

11. Please list the scope and dates of all your volunteer experience:

12. List all other talents or experiences your bring to volunteer service:

13. Do you have a driver's license?_____

State and license #_____

Are there any violations/convictions?

Please explain:_____

Please enclose a photocopy of the license

14. List your favorite leisure activities:

15. Do you speak any other languages besides English? _____

16. Do you have any health problem? Please indicate: _____

17. Are you taking medication? If yes, what kind and why

18. Indicate the pattern of your use daily, weekly, and monthly of:

Alcohol _____ Tobacco_____

Any other drugs_____

19. Have you ever been convicted of a crime? _____
Describe _____

20. Will your medical insurance continue during your service? _____
List Company and Policy # _____
21. When and for how long will you be available for service?

22. Geographical preference: _____

23. Please list the work you feel best suited for based on your educational background or personal preference:

PLEASE INCLUDE A PICTURE OF YOURSELF AND A COPY OF YOUR DRIVER'S LICENSE BELOW.

SIGNATURE

DATE

(Your signature will also release your photo for publication in our Provincial newsletter if you become an LSAV).

AUTOBIOGRAPHICAL ESSAY FORM

Please type or print an autobiographical essay focusing on your family background, significant events in your life, and your current lifestyle. Include your reasons for wanting to serve with the LSAV, highlighting both what you hope to gain from the experience and what talents you wish to share with the community and the poor families we serve.

It is important to share your expectations of community living and the aspects of volunteer service most important to you. This helps us to know you better and to choose the most appropriate placement, especially when a personal interview is not possible.

Please add any other comments that will help us in determining your placement. You may include the type of work and religious experience you desire, the cultural or age group to which you relate best, and any special skills or hobbies.

*Misstatements of facts may be reason for disqualification from the LSAV.

REFERENCE FORM

LSAV VOLUNTEERS

The Little Sisters of the Assumption Volunteers is a volunteer program which provides the opportunity for individuals to share our life and ministry with poor families. Our program offers a wide variety of tasks centered around nourishing the physical, material, and spiritual needs of poor families, based on the Gospel values which recognize the dignity and worth of individuals.

Volunteers live in a community setting with other volunteers and sisters in mostly inner city urban areas, requiring mature, well-balanced and spiritually motivated persons.

We ask your assistance in helping us to know the applicant so that we can best assess the candidate for our program. Please consider the following questions if they apply to your relationship to and knowledge of the applicants.

- 1. What is your relationship to the applicant? How long have you known him/her in this capacity?**
- 2. Describe this person's personality and any outstanding characteristics which make an impression on others.**
- 3. Evaluate his/her ability to live and work with others. What qualities help or hinder him/her?**
- 4. Please comment on this person's self-knowledge of talents, gifts, skills and confidence level.**
- 5. Evaluate his/her ability to get things done. . . (energy, persistence, patience, initiative, resourcefulness, self reliance).**
- 6. Describe the applicant's reaction to problems and or/decision making situations.**
- 7. For what type of work is this person best suited?**
- 8. Please add any other information that might be helpful in placing this applicant.**

Please mail your reference letter directly to: LSAV Coordinator
Little Sisters of the Assumption Volunteer Program
214 East 30th Street
New York, NY 10016

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LITTLE SISTERS OF THE ASSUMPTION MEDICAL CERTIFICATION FORM

To be filled out by applicant's physician. Please type or print clearly.

Applicant's Name: _____
Address: _____

Have you been the applicant's regular physician? Yes _____ No _____
If so, how long? _____

GENERAL INFORMATION

General Appearance _____

Explain any physical abnormalities _____

PAST HISTORY

Past Hospitalizations (including surgeries): _____

History of drug abuse: _____

History of alcohol abuse: _____

Significant past illness: _____

FAMILY HISTORY (significant medical/psychiatric): _____

CURRENT INFORMATION

Medicines (including recurrent non-prescriptives): _____

Significant present medical problems: _____

Allergies: _____

Dietary Restrictions: _____

Tobacco/alcohol use: _____

Physical restrictions: _____

GENERAL PHYSICAL

Wt. _____ Ht. _____ B.P. _____ P. _____
Lab (if done recently): U/A _____ CXR _____ CBC _____
Manu _____

Note - for normal + for abnormal

General appearance _____ Eyes _____ Ears _____ Nose _____
Mouth _____ Adenopathy _____ Chest _____ Breast _____
Heart _____ Abdomen _____ Genitals _____ Rectum _____
Skin _____ Neurological _____ Medical status exam _____

Please note any abnormalities noted above _____

I recommend this patient to live in community and work for the Little Sisters of the Assumption in their social service programs.

YES _____ NO _____

Physician _____ Date _____

*Printed name and address of Physician's office _____

*Physician's Phone _____

*** must be filled out for verification purposes**

**Please return form to: Coordinator of LSAV
214 East 30th Street
New York, NY 10016**