

# SSJ Mission Corps

## Long Term APPLICATION FORM (Please type or print clearly)

ATTACH YOUR PHOTO HERE

### I. PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Cell)

E-Mail \_\_\_\_\_

Permanent Address (if different)

\_\_\_\_\_

City/State/Zip \_\_\_\_\_ Permanent Phone ( ) \_\_\_\_\_

How long at this address? \_\_\_\_\_ If less than 5 years, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious Denomination \_\_\_\_\_

If Catholic: Parish \_\_\_\_\_

Sex \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Social Security Number \_\_\_/\_\_\_/\_\_\_

Marital Status \_\_\_\_\_ Citizen of \_\_\_\_\_  
Country

Driver License # and State \_\_\_\_\_

Are there any financial, family, or personal obligations or situations that would interfere with your offering a full year of service with the SSJ Mission Corps? \_\_\_\_\_ Please explain.

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**II. HEALTH**

Are there any medical conditions of which we should be aware?  
(State any disabilities, restrictions, chronic illnesses, medications, allergies, etc.)

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**In case of emergency, please contact:**

Name_____	Name_____
Address_____	Address_____
City/State/Zip_____	City/State/Zip_____
Phone ( )_____	Phone ( )_____
Relationship _____	Relationship _____

Do you have any special diet needs? Explain briefly.

Do you suffer from any allergies? If yes, please describe

Are you taking any medication(s)? \_\_\_\_\_ If yes, name the medication(s)\_\_\_\_\_

\_\_\_\_\_and side effects\_\_\_\_\_

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Name the type of health insurance coverage that you have \_\_\_\_\_

Plan \_\_\_\_\_ Number \_\_\_\_\_

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### III. EDUCATION

Please list all schools attended beginning with the most recent:

Name & location of School	Dates	Major/Minor	Degrees or Certificate

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### IV. EXPERIENCES AND INTERESTS

List some of your talents, hobbies, recreation, leisure activities:

_____	_____
_____	_____
_____	_____

Do you play a musical instrument? \_\_\_\_\_ Which one? \_\_\_\_\_

List service organizations and programs in which you have participated, been given training, been a volunteer, or received awards:

Organization/Program	Your role	Dates: From-To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please rank order of your first six preferences in the areas of work in which you are interested:

- |                      |                       |                        |
|----------------------|-----------------------|------------------------|
| ___ Campus Ministry  | ___ Hispanic Ministry | ___ Parish Ministry    |
| ___ Child Care       | ___ Pastoral Work     | ___ Art Studio         |
| ___ Counseling       | ___ Library           | ___ Secretary/Clerical |
| ___ Day Care         | ___ Maintenance       | ___ Social Services    |
| ___ Elderly Outreach | ___ Music Ministry    | ___ Special Education  |
| ___ Group Home       | ___ Teacher           | ___ Youth Ministry     |
| ___ Teacher Aide     | ___ Tutoring          | ___ Other_____         |

Languages other than English (check in appropriate space:  
 U-understand, S-speak R-read, W-write)

	SPANISH				FRENCH				OTHER _____				OTHER _____			
	U	S	R	W	U	S	R	W	U	S	R	W	U	S	R	W
<b>Limited</b>																
<b>Fairly Well</b>																
<b>Fluently</b>																

Have you had any experience with people of nationalities, cultures other than your own?  
 Please explain (Include as completely as you can travel or life overseas, experience in  
 community living, working with migrants, inner-city living and working.)

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**V. WORK EXPERIENCE**

Beginning with your current position, list your last four employers.

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_



**VI. REFERENCES**

List two recent references (persons must know you for at least three years) to whom you will be sending personal reference forms.

**Include a variety: employers, clergy, religious, friends, co-workers, etc. (do not include relatives) who know you well enough to describe your character and employment record.**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

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**VII. YOUR THOUGHTS**

Answer all questions thoroughly and candidly. Please note that there are not right or wrong answers to these questions. We feel that we need to get to know you in order to make your stay with us a fruitful experience. These questions are one of the ways in which we can become better acquainted with you.

1) Describe your motivation and hopes which are leading you to apply.

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2) SSJ Volunteer Corps volunteers live in community, sharing prayer, liturgy, meals, etc. What are your hopes, expectations and feelings about this? What strengths do you have that will help you in reaching these hopes?

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3) Describe yourself: your spirituality, personality, area of growth this past year.

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4) Describe your three (3) major strengths and your three (3) weaknesses and how these characteristics affect your relationships with others.

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If you have any additional information to share that you feel would be important to be known, please use the space below.

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Although this application places no real obligation either on you or on the SSJ Volunteer Corps, it does indicate a serious intention on your part to join us. Should you decide to withdraw your application, please notify us immediately. Thank you.

I affirm that all of the above answers are truthful.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

***Deadline: March 19<sup>th</sup>, Saint Joseph's Day***

**Send to:**

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