



FrancisCorps

a franciscan lay volunteer experience

P.O. Box 11166 • Syracuse, NY 13208
Phone 315-426-0481 or 315-882-1955
francorps@gmail.com • www.franciscorps.org

Attach your photo here.

APPLICATION FORM

ROUND ONE APPLICATIONS ARE DUE ON **MARCH 1ST** OF EACH YEAR.
APPLICATIONS WILL, HOWEVER, BE ACCEPTED THROUGH THE FIRST OF JULY EACH YEAR.

PLEASE FILL IN THE APPLICATION AS COMPLETELY AS POSSIBLE. GIVE SPECIAL ATTENTION TO THE ESSAY. MANY OF THE QUESTIONS DO NOT DETERMINE ACCEPTANCE OR REJECTION BUT ASSIST IN PLACEMENT. A PHOTO HELPS US REMEMBER EACH APPLICANT. THIS FORM AND ITS SUPPORTING MATERIALS ARE **CONFIDENTIAL** AND WILL BE REVIEWED **ONLY** BY THE FRANCISCORPS STAFF AND APPLICABLE VOLUNTEER SITE STAFF. PLEASE TYPE OR PRINT IN BLACK INK ONLY.

PERSONAL

NAME _____

CURRENT ADDRESS (UNTIL) _____ DATE OF BIRTH _____

STREET _____

CITY STATE ZIP _____

PHONE (____) _____ EMAIL _____

PERMANENT ADDRESS (IF DIFFERENT)

STREET _____

CITY STATE ZIP _____

PHONE (____) _____ EMAIL _____

SOCIAL SECURITY NUMBER _____ PASSPORT NUMBER _____

RELIGIOUS DENOMINATION _____ YEAR OF BAPTISM _____

SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED _____ DIVORCED _____

EDUCATION

BEGINNING WITH THE MOST RECENT, LIST ALL SCHOOLS ATTENDED.

NAME OF SCHOOL	CITY, STATE	MAJOR/MINOR	DATES	DEGREE, CERTIFICATE, ETC.EARNED	DATE

PLEASE HAVE REGISTRAR'S OFFICE FORWARD COPIES OF YOUR TRANSCRIPTS TO DATE DIRECTLY TO OUR OFFICE.

Do you (or will you) have any professional credentials (e.g., teaching, nursing, counseling, etc.)? Yes _____ No _____
If yes, indicate levels, subjects, dates as applicable. Send copies of professional evaluations to our office.

WORK EXPERIENCE

DESCRIBE WORK	EMPLOYER	DATES (FROM -- TO)

ORGANIZATIONS, PROGRAMS IN WHICH YOU HAVE PARTICIPATED, BEEN TRAINED IN, RECEIVED AWARDS.

ORGANIZATION/PROGRAM	YOUR ROLE	DATES (FROM --TO)

LANGUAGES OTHER THAN ENGLISH _____

LEVEL OF PROFICIENCY LIMITED _____ FAIR _____ FLUENT _____

HAVE YOU HAD ANY EXPERIENCE WITH PEOPLE OF NATIONALITIES OR CULTURES OTHER THAN YOUR OWN? PLEASE EXPLAIN CLEARLY:
(TRAVEL OVERSEAS, COMMUNITY LIVING, INNER-CITY WORK/LIVING, ETC.)

LIST ANY OTHER EXPERIENCES AND TALENTS YOU BRING TO YOUR VOLUNTEER EXPERIENCE.

LIST YOUR HOBBIES AND/OR LEISURE ACTIVITIES.

DO YOU PLAY A MUSICAL INSTRUMENT? IF SO, WHAT? _____ HOW LONG? _____

FAMILY

FATHER _____

STREET ADDRESS _____

CITY STATE ZIP _____ PHONE (_____)

MOTHER _____

STREET ADDRESS _____

CITY STATE ZIP _____ PHONE (_____)

BROTHERS AND SISTERS (NAMES AND AGES)

PLEASE LIST ANY FAMILY MEMBERS WHO HAVE VOLUNTEERED WITH AN ORGANIZED AGENCY LIKE FRANCISCORPUS .

ARE THERE ANY FAMILY, FINANCIAL, OR PERSONAL SITUATIONS OR OBLIGATIONS THAT WOULD INTERFERE WITH COMPLETING ONE FULL YEAR OF VOLUNTEER SERVICE BEGINNING MID-AUGUST? IF SO, PLEASE EXPLAIN.

ARE YOU APPLYING TO OTHER VOLUNTEER AGENCIES AT THIS TIME? YES _____ NO _____

IF YES, PLEASE LIST THE AGENCY AND YOUR PRESENT STATUS.

MEDICAL

DO YOU HAVE ANY MEDICAL CONDITIONS WHICH MIGHT AFFECT YOUR SERVICE OR PLACE OF ASSIGNMENT? PLEASE EXPLAIN.

NAME OF PERSONAL PHYSICIAN _____

ADDRESS _____

CITY STATE ZIP _____

PHONE (_____) _____

EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY STATE ZIP _____ PHONE (____) _____ RELATIONSHIP _____

ADDITIONAL INFO

HOW DID YOU LEARN OF FRANCISCORPUS? _____ WHEN? _____

DO YOU DRIVE? _____ Yes _____ No

DO YOU PLAN TO BRING A CAR? _____ Yes _____ No

PLEASE CHECK THE TYPES OF WORK IN WHICH YOU WOULD BE INTERESTED. CHECK ALL THAT APPLY. **SYRACUSE, NY PROGRAM:**

_____ YOUTH PROGRAMS _____ REFUGEE RESETTLEMENT _____ FOOD PANTRY/ EMERGENCY OUTREACH _____ WOMEN'S SHELTER

_____ OTHER PLEASE EXPLAIN: _____

_____ **I AM APPLYING FOR THE COSTA RICA PROGRAM** _____ YOUTH/EDUCATION PROGRAMS _____ MEDICAL PROGRAMS

PLEASE LIST FOUR (4) REFERENCES. THESE PEOPLE SHOULD CURRENTLY KNOW YOU WELL AND ARE IN A POSITION TO COMMENT ON YOUR PERSONAL CHARACTER, EMPLOYMENT RECORD, MOTIVATION, AND CAN EVALUATE YOUR QUALIFICATIONS FOR THE FRANCISCORPUS VOLUNTEER EXPERIENCE. DO NOT INCLUDE RELATIVES BUT INCLUDE TEACHERS, EMPLOYERS, SPIRITUAL GUIDES, PEERS, FRIENDS, ETC. HAVE REFERENCES FILL OUT THE ENCLOSED EVALUATIONS AND RETURN THEM TO YOU IN A SEALED ENVELOPE. INCLUDE ALL FOUR REFERENCES WITH YOUR APPLICATION.

NAME

RELATIONSHIP TO APPLICANT

NAME	RELATIONSHIP TO APPLICANT

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED. PLEASE SUBMIT ALL PARTS OF THE APPLICATION AT THE SAME TIME

A COMPLETED APPLICATION INCLUDES THE FOLLOWING:

- _____ APPLICATION FORM WITH PHOTO
- _____ ESSAY
- _____ SELF EVALUATION
- _____ FOUR (4) REFERENCES IN SEALED ENVELOPES
- _____ MEDICAL FORM
- _____ PROFESSIONAL EVALUATIONS IF APPLICABLE
- _____ OFFICIAL COLLEGE TRANSCRIPTS (TO BE FORWARDED FROM REGISTRAR'S OFFICE)
- _____ COPY BIRTH CERTIFICATE

Thank you for your application!



*"Preach the Gospel!
If necessary, use words!"*

-St. Francis of Assisi



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SPIRITUAL REFERENCE FORM

(Please type or print in black ink)

Applicant's Name _____

To the Applicant:

Check one of the following statements:

I waive my right of access to this Spiritual Reference Form.

I do not waive my right of access to this Spiritual Reference Form.

Signature of Applicant

Reference's Name _____ Occupation _____

Address _____

To the Reference:

FrancisCorps seeks volunteers who are mature, well-balanced and spiritually motivated to work with the poor in a variety of ministries. The above named applicant has chosen you to let us know more about his/her spirituality. Because of the community and prayer aspects of our program, it is very important that we receive an open and honest evaluation of the applicant's strengths and weaknesses in this area. No applicant will be rejected on the basis of a single reference. You may omit any questions that you feel you are not qualified to answer. Use an additional page for your responses if necessary.

Return this completed form to the applicant in a sealed envelope. Sign your name across the sealed flap. The applicant will send your reference to us as a part of his/her completed application. Please keep a copy of this completed form for your records in case this reference is lost in the mail. Thank you for your time and comments.

1. How long have you known this applicant and in what capacity?

2. What are this applicant's strengths?

3. What are this applicant's weaknesses?

4. Give a specific example of the applicant's typical reaction to situations of conflict.

5. How integrated is the applicant's faith with his/her life? How motivated by faith and religious values is this applicant. Please explain.

6. Is the applicant genuinely concerned about other people, and how integrated with his/her faith is this concern?

7. How open is the applicant to praying with others? How integrated is the applicant's faith with the faith life of a community?

Check the box which best describes the applicant:

List three (3) adjectives that best describe this applicant:

Characteristics	Excellent	Above Average	Average	Below Average	Weak	Unable to judge	Additional comments
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							
openness to direction							
seeks integration of faith with own life							
openness to different expressions of faith							
dresses appropriately for the workplace							
effective use of time							
ability to work with others							
knows own limits							
cares for own needs							

1. _____
2. _____
3. _____

Overall, I would rate the applicant:

- Exceptional, a rare find
 Good, better than many
 Might be OK, some reservations
 Very good, no reservations
 Recommend, no strong feelings
 Weak, should be discouraged

Signature

Phone

Date



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PERSONAL REFERENCE FORM

(Please type or print in black ink)

Applicant's Name _____

To the Applicant:

Check one of the following statements:

I waive my right of access to this Personal Reference Form.

I do not waive my right of access to this Personal Reference Form.

Signature of Applicant

Reference's Name _____ Occupation _____

Address _____

To the Reference:

FrancisCorps seeks volunteers who are mature, well-balanced and spiritually motivated to work with the poor in a variety of ministries. The above named applicant has chosen you to let us know more about his/her spirituality. Because of the community and prayer aspects of our program, it is very important that we receive an open and honest evaluation of the applicant's strengths and weaknesses in this area. No applicant will be rejected on the basis of a single reference. You may omit any questions that you feel you are not qualified to answer. Use an additional page for your responses if necessary.

Return this completed form to the applicant in a sealed envelope. Sign your name across the sealed flap. The applicant will send your reference to us as a part of his/her completed application. Please keep a copy of this completed form for your records in case this reference is lost in the mail. Thank you for your time and comments.

1. How long have you known this applicant and in what capacity?

2. What are this applicant's strengths?

3. What are this applicant's weaknesses?

4. Give a specific example of the applicant's typical reaction to situations of conflict.

5. Evaluate the applicant's ability to live and work with others. What qualities help or hinder the applicant?

6. Is the applicant genuinely concerned about other people? Please explain.

7. Give an example of the applicant's getting things done.

Check the box which best describes the applicant:

Characteristics	Excellent	Above Average	Average	Below Average	Weak	Unable to judge	Additional comments
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							
openness to direction							
seeks integration of faith with own life							
openness to different expressions of faith							
dresses appropriately for the workplace							
effective use of time							
ability to work with others							
knows own limits							
cares for own needs							

List three (3) adjectives that best describe the applicant:

1. _____
2. _____
3. _____

Overall, I would rate the applicant:

- Exceptional, a rare find
 Good, better than many
 Might be OK, some reservations
 Very good, no reservations
 Recommend, no strong feelings
 Weak, should be discouraged

Signature _____

Phone _____

Date _____



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SELF EVALUATION FORM

(Please type or print in black ink)

To the Applicant: Please respond to the following questions and complete the survey on the back of this page. This form along will be seen by the FrancisCorps staff and by prospective site employers.

Applicant's Name _____
Last First Middle

Describe your personality.

What "strengths" do you bring to FrancisCorps?

In what areas do you feel you need to grow?

Describe how you interact with others at home, at work, and in social situations.

Describe your work style (e.g. energy, initiative, organization, resourcefulness, etc.).

For what type of work are you best suited?

Check the boxes which best describe you.

Characteristics	Excellent	Above Average	Average		Weak		Additional comments
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							
openness to direction in work							
seeks integration of faith with own life							
dresses appropriately for the work place							
effective use of time							
ability to work with others							
knows own limits							
cares for own needs							

Additional Comments:

Three adjectives which best describe me are:

1. _____

2. _____

3. _____



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MEDICAL FORM

(Please type or print in black ink)

To the Applicant: Please have your physician or physician's assistant who has been involved in your on-going, comprehensive care complete this form carefully.

Applicant's Name _____
Last First Middle

Length of time applicant has been your patient: _____

Date of exam: _____

General Information

Past Hospitalizations (include surgeries): _____

History of alcohol abuse: _____

History of drug abuse: _____

Significant past illness: _____

Family History

Significant medical/psychiatric: _____

Current Information

Medicines (including recurrent non-prescriptives): _____

Significant present medical problems: _____

Allergies, dietary restrictions: _____

Tobacco use: _____ Alcohol use: _____

Disabilities: _____

Please expand comments for any items noted above: _____

General Physical

Ht. _____ Wt. _____ B.P. _____ P. _____

Lab (if done recently): U/A _____ CXR _____ CBC _____

NOTE: Please check if abnormal only.

General appearance: _____ Eyes: _____ Ears: _____ Nose: _____ Mouth: _____

Adenopathy: _____ Chest: _____ Breasts: _____ Heart: _____ Abdomen: _____ Genitals: _____
Rectum: _____ Extremities: _____ Skin: _____ Neurological: _____ Medical status exam: _____

Please use space below to expand on any abnormalities noted above.

Name of Physician _____ Signature of Physician _____

Address: _____ Phone: _____



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APPLICATION PROCEDURES

Dear Applicant:

Below please find an outline of the application procedure for placement with FrancisCorps. Be advised that the entire review and placement process will take several months. Be assured that we will honestly and prayerfully consider your application.

Your application materials should include:

- Application Form
- Application Essay Form
- Self Evaluation Form
- Medical Form
- (1) Spiritual Reference Form
- (3) Personal Reference Forms
- Copy Birth Certificate

Application Process:

- Complete the Application Form, Application Essay Form, and Self Evaluation.
- Have your physician or physician's assistant complete the Medical Form
- List the names of your References (spiritual and personal) on the Application Form and on each of the individual Reference Forms. Ask the References to complete and return the Form to you as soon as possible in a **sealed envelope**. They are to sign their name across the envelope flap
- Have college(s) forward transcripts to the FrancisCorps office.
- Mail all of the above Forms and References to the FrancisCorps office.
- **Please send only completed applications!**

Note:

When all of the application materials have been received, we will send you acknowledgement that your application is complete. All forms will be reviewed by FrancisCorps Staff and Volunteer Site Staff where and when applicable. Specifically, the Volunteer Application Form, Medical Form and all Reference Forms will be reviewed by potential site employers.

Application Deadline:

The earlier you return your application, the better! **It is our hope to have all volunteers placed by March 31st.**

Application Review and Acceptance:

- Your application will be reviewed and a personal interview phone call will be initiated by the Director.
- Discussion of your application and evaluation will take place and a decision will be made.
- You will be notified in writing immediately and sent a FrancisCorps Contract.

Only when we have received your signed contract will your acceptance and placement be finalized.

If FrancisCorps is unable to place you, you may request that your application be forwarded to another volunteer program.

Thank you for your interest in our program. We pledge our support and prayers! If you have any questions, please feel free to write or call. We look forward to hearing from you.

In St. Francis and St. Clare,

Brother Jim Moore, OFM Conv.
Director



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APPLICATION ESSAY

The purpose of the Essay is to assist you as you reflect on your motivation for volunteering as well as helping the FrancisCorps staff to get to know you. Be honest, be complete, be creative, be specific. Please type or write in black ink.

Your essay should be a reflection on the following points:

- **your motivation** - why do you want to live simply and volunteer with the poor? why FrancisCorps?
- **your values**- what does simple living mean to you? how will it relate to your service? how will it relate to those with whom you live? what are your expectations (in the live-in community, in your service)? what changes do you need to make in order to “live simply” with others as you serve the poor? what does spirituality mean to you and how do you relate to God? what is the importance of personal and communal prayer?
- **your relationships** - what do you enjoy most about interacting with other people? what is the most difficult part about interacting with other people? do you seek others out or do others seek you out? what special events, changes or transitions in your family have influenced you?