



# 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

## 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: \_\_\_\_\_



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 \_\_\_\_\_



# 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

## 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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Exceptional, a rare find   | <input type="checkbox"/> Good, better than many        | <input type="checkbox"/> Might be OK, some reservations |
| <input type="checkbox"/> Very good, no reservations | <input type="checkbox"/> Recommend, no strong feelings | <input type="checkbox"/> Weak, should be discouraged    |

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_