**524 Hwy 3 South**

**Louisa, KY 41230**

**606-638-0219**

[**volunteers@fbamc-ky.org**](mailto:volunteer@fatherbeiting.org)

[**www.fbamc-ky.org**](http://www.fbamc-ky.org)

An outreach ministry of the Catholic Diocese of Lexington

**FBAMC SUMMER INTERNSHIP REQUIREMENTS & APPLICATION PROCESS**

Requirements, Volunteers must:

* Be at least 21 years old.
* Be in good medical and psychological health, as assessed by a medical doctor.
* Be committed to a life of Catholic spiritual discipline that includes daily mass.
* Be willing to live simply in communal family style living with diverse people.
* Be open and flexible in service to meet the needs of the FBAMC.
* Be available May 25 – August 2, 2020.
* Complete a Safe Environment Training.
* Clear a criminal background check.
* Valid driver’s license and insurable by the Diocese of Lexington.
* Leadership skills.

Application Process

* FBAMC considers the application process a time of discernment for both the potential volunteer and the organization. Therefore, applicants are encouraged to submit themselves and their application to God in faithful prayer. All applicants are invited to schedule an onsite visit to aid in the discernment process.
* Complete and return your application along with your internship requirements to the Volunteer Coordinator, FBAMC, 524 Hwy 3 South, Louisa, KY 41230 or [**volunteers@fbamc-ky.org**](mailto:volunteers@fbamc-ky.org) by March 31, 2020.
* Applicant must forward the Reference Form (pages 12, 13 &14 of application package) to your 3 references and have them return the completed referrals to the Volunteer Coordinator, FBAMC, 524 Hwy 3 South, Louisa, KY 41230 or[**volunteers@fbamc-ky.org**](mailto:volunteers@fbamc-ky.org) within 2 weeks.
* Upon receiving your completed application, internship requirements, AND your 3 completed references along with your criminal clearance and Safe Environment Training verification, your paperwork will be reviewed, and a phone interview scheduled with the Volunteer Coordinator. Phone interviews will be scheduled for April 29-30. 2020.
* A determination of your acceptance to the FBAMC Summer Internship Program will be made and you will be contacted with the outcome by May 2, 2020.
* Should you decide at any time not to be part of this program please notify us immediately so that we may contact applicants on our waiting list.
* Once accepted Summer Internship Volunteer benefits will include housing, vehicle and vehicle insurance (if you are eligible for our insurance), $100 stipend per month, and $200 food allowance per month.



**524 Hwy 3 South**

**Louisa, KY 41230**

**606-638-0219**

[**volunteers@fbamc-ky.org**](mailto:volunteer@fatherbeiting.org)

[**www.fbamc-ky.org**](http://www.fbamc-ky.org)

An outreach ministry of the Catholic Diocese of Lexington

# APPLICATION FOR SUMMER INTERNSHIP VOLUNTEER SERVICE

## (PLEASE PRINT OR TYPE)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Male  Female  DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Married Single Widowed Divorced Separated

Number & ages of dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Face Book Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Cell (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Home (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_Other (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diocese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about FBAMC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a FBAMC volunteer before? Yes No

If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What did you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid driver’s license? Yes No

If yes, driver’s license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, reason why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a high risk to insure? Yes No If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you drive a standard (shift) vehicle? Yes No

Are you bringing a personal car? Yes No

Have you ever been convicted of a crime? Yes No If yes, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you involved in any legal actions at this time? Yes No

If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke or use any tobacco products? Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, please contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

**EDUCATION AND TRAINING:**

Date of Safe Environment Training \_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach verification/certificate)

Begin with most recent, list all schools attended, including vocational/trade schools, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | City & State of School | Years Completed | Date Graduated | **Degree, Certificate or Diploma Earned** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Subjects of special study in or beyond schooling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list organizations and programs in which you have participated.

|  |  |  |
| --- | --- | --- |
| Organization/Program | Dates: From/To | Your Role |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you play any musical instruments? Yes No

If so, what instrument(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in Music ministry? How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List some of your other leisure activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT:** List below your last three employers, starting with the last/current one first

|  |  |  |  |
| --- | --- | --- | --- |
| Date **(mo. / yr.)** | **Name, Address & Telephone No. of Employer** | Reason for leaving | Duties and Responsibilities |
|  | ( )  Area code |  |  |
|  | ( )  Area code |  |  |
|  | ( )  Area code |  |  |

Are you presently unemployed? Yes No

If so, for what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Share your understanding of the culture and people of Appalachia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other experiences, talents, and hobbies that you consider useful and valuable to FBAMC activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your volunteer experiences. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION: (Use a separate page as needed)**

List any medical or mental health diagnoses that you have or have been treated for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently pregnant or have you been advised in the last year that hospitalization, surgery or treatment is needed/recommended/pending? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had professional treatment for emotional or mental disturbances?

Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used street drugs or abused prescription drugs in the last 4 years? Yes No

Have you ever been treated for substance abuse? Yes No

If yes to either, please list where, when, program completion status, substance, and current recovery program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note the following: Childhood diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other diseases/surgeries/hospitalization within the past 4 years (include dates):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: (both prescription and non-prescription drugs, include amount, reason, & limitation it may cause) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special dietary needs? Yes No

Do you have any eating disorders? Yes No

If yes to either, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIAL AND SPIRITUAL:**

1. Describe your spiritual journey that leads you to the FBAMC.
2. Discuss what volunteering means to your life.
3. Discuss your life plans and plans after volunteering.
4. Living simply, daily mass, sharing faith, and sacrifice are components of volunteering. Discuss what this transition from your current lifestyle will look like and how you will manage changes.
5. Describe your family background and your relationships with each other. (Parents, siblings, religious affiliation & practice, marital statuses, children, etc.)
6. Discuss your current problems and how they impact your daily life.

**REFERENCES:**

Please send the reference form to your following three sources and have them returned to FBAMC, 524 Hwy 3 South, Louisa, KY 41230, Attn: Volunteer Coordinator

1. A close friend who can give concrete examples about your personality.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A teacher, employer or supervisor who has known you in a professional capacity.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Someone who is familiar with your spiritual life (such as priest/minister).

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Although this application places no obligation either on you or on FBAMC, it does indicate a serious intention on your part to volunteer your services to FBAMC Volunteer Program. Should you decide to withdraw your application for volunteer service, please notify us.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Volunteer Applicant Signature Date

Send to: **Fr. Beiting Appalachian Mission Center, 524 Hwy 3 South, Louisa, KY 41230 or**

**E-mail: volunteers@fbamc-ky.org**

**524 Hwy 3 South**

**Louisa, KY 41230**

**606-638-0219**

[**volunteers@fbamc-ky.org**](mailto:volunteers@fbamc-ky.org)

[**www.fbamc-ky.org**](http://www.fbamc-ky.org)

An outreach ministry of the Catholic Diocese of Lexington

SELF-REFERENCE FORM

Volunteer Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Applicant:** The Fr. Beiting Appalachian Mission Center seeks mature, well balanced, and spiritually motivated men and women to work with people through the programs of Fr. Beiting Appalachian Mission Center. The volunteers live in simple lifestyle communities with other volunteers. We would like you to help us to get to know you better as we look for a match with service and lifestyle FBAMC offers. A candid and honest evaluation is a vital part of our placement process. Please, return this along with your Application for Volunteer Service.

1. Describe your strengths in behavior, emotional maturity, impressions made on others, etc.
2. No person is without growth areas. What areas are you striving to improve in your personal and/or work life?
3. How do you accomplish assigned tasks (persistence, initiative, resourcefulness, self-reliance)?
4. Describe how you react to problems?
5. How do you make decisions?
6. For what type of work are you best suited? Be specific.
7. Describe your prayer life.
8. Are there any personal obligations or situations that would interfere with completing your service commitment to FBAMC? No Yes (if yes, please explain)

Additional comments:

Check the box which you feel best describes you:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Characteristics | Superb | Good | Avg | Subavg | Poor | Comments |
| Sense of Humor |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |  |
| Ability to get along with others |  |  |  |  |  |  |
| Common Sense |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Tact in dealing w/ others |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Flexibility |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |
| Ability to express feelings |  |  |  |  |  |  |
| Ability to implement safety/other guidelines |  |  |  |  |  |  |
| Openness/ability to follow direction |  |  |  |  |  |  |
| Serving under stress |  |  |  |  |  |  |
| Seeks integration of Christian faith in own life |  |  |  |  |  |  |
| Openness to different expressions of faith |  |  |  |  |  |  |
| Ability to complete tasks |  |  |  |  |  |  |
| Ability to work alone |  |  |  |  |  |  |

Send to: **Fr. Beiting Appalachian Mission Center, 524 Hwy 3 South, Louisa, KY 41230 or**

**E-mail: volunteers@fbamc-ky.org**

**524 Hwy 3 South**

**Louisa, KY 41230**

**606-638-0219**

[**volunteers@fbamc-ky.org**](mailto:volunteers@fbamc-ky.org)

[**www.fbamc-ky.org**](http://www.fbamc-ky.org)

An outreach ministry of the Catholic Diocese of Lexington

REFERENCE FORM

Volunteer Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby waive the right to review this form once submitted to the FBAMC.**

Volunteer Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above person has applied to be a volunteer in our organization, which provides human services to the people in the Appalachian area of Eastern Kentucky. If accepted, this person would live in a Christian community with other men and women of various ages and educational backgrounds and serve in one or more human service programs operated by the FBAMC. The applicant has given your name as a reference and we look to you to help us ascertain his/her suitability for the work as well as living within a volunteer community house. We greatly appreciate your assistance. Please return this form within two weeks so that the applicant’s process will not be delayed.

1. What is your relationship with the applicant, and how long have you known him/her?
2. Describe this person’s strengths in behavior, maturity, relationships with others, and general personality.
3. No person is without weak points. What are some potential areas of difficulty for the applicant in the FBAMC Volunteer Program?
4. How well does the applicant accomplish assigned tasks (i.e. energy, persistence, initiative, resourcefulness, self-reliance, organization)?
5. Describe the applicant’s reactions to stress, problems, and ability to make decisions.

Check the box which you feel best describes the applicant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Characteristics | Superb | Good | Avg | Subavg | Poor | Comments |
| Sense of Humor |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |  |
| Ability to get along with others |  |  |  |  |  |  |
| Common Sense |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Tact in dealing w/ others |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Flexibility |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |
| Ability to express feelings |  |  |  |  |  |  |
| Ability to implement safety/other guidelines |  |  |  |  |  |  |
| Openness/ability to follow direction |  |  |  |  |  |  |
| Serving under stress |  |  |  |  |  |  |
| Seeks integration of Christian faith in own life |  |  |  |  |  |  |
| Openness to different expressions of faith |  |  |  |  |  |  |
| Ability to complete tasks |  |  |  |  |  |  |
| Ability to work alone |  |  |  |  |  |  |

Overall, how would you rate this applicant?

1. \_\_\_\_Very Weak, should be discouraged I request the above information about the
2. \_\_\_\_Might be OK with some reservations applicant be (please check)
3. \_\_\_\_Recommend, no strong feelings \_\_\_\_kept CONFIDENTIAL from the candidate
4. \_\_\_\_Good, better than many \_\_\_\_made available to the candidate if
5. \_\_\_\_Very good, no reservations at all requested
6. \_\_\_\_Exceptional, a really rare find

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name and Signature of Reference Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Occupation

Send to: **Fr. Beiting Appalachian Mission Center, 524 Hwy 3 South, Louisa, KY 41230 or**

**E-mail: volunteers@fbamc-ky.org**

****

**524 Hwy 3 South, Louisa, KY 41230**

**Phone: 606-638-0219**

[**volunteers@fbamc-ky.org**](mailto:volunteers@fbamc-ky.org)

[**www.fbamc-ky.org**](http://www.fbamc-ky.org)

An outreach ministry of the Catholic Diocese of Lexington

**Volunteer Contract, Photo Release, & Hold Harmless Agreement**

To share in the ministry of Christ is a great privilege as well as a tremendous responsibility. The privilege is the joy of sharing in the mission of Jesus Himself. The responsibility is acting in a way that conforms to the attitude and actions of Christ. While at the Father Beiting Appalachian Mission Center, I am expected to represent the Church in a faithful and loving way, supporting its teachings, disciplines and traditions. I will exhibit the highest ethical standards and personal integrity in my work. I will foster the dignity of each person and be committed to the best interest of others. I will cooperate with the schedule and needs presented by FBAMC.

I dedicate myself to be an active participant in this time of service, prayer, and community. I will comply with the requests of leadership and be flexible with what is asked of me. I will work and complete tasks as they are assigned to me to the best of my ability. I will follow the dress code for worksites of pants, t-shirt, and closed shoes, and the dress code of the mission of no short shorts, tank, muscle, strapped or strapless tops, any clothing revealing undergarments or with vulgarity.

I will treat everyone (volunteers, employees, clients and community members) with respect, loyalty, patience, integrity, courtesy, dignity and consideration. I pledge to help create a safe environment for children while I am volunteering for FBAMC. I agree to abide by a code of chaste sexual behavior while staying on the property and working for the FBAMC.

I understand that drug use will not be tolerated. There is no tobacco use in volunteer quarters or on any FBAMC properties and minors are not permitted to use tobacco products. I will not bring or use fireworks, firearms, and weapons of any kind as they are not permitted.

I agree to exercise prudent judgment regarding the consumption of alcohol while staying on the property and working for the Mission Center, remaining sensitive to the struggles others may have with substance abuse and the local cultural views. No one under 21 can consume alcohol.

I grant the FBAMC permission to use my likeness in photograph(s)/video and interview/written contributions in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by FBAMC, in perpetuity, and for other use by the Diocese of Lexington. I will make no monetary or other claim against the FBAMC for the use of the interview/written and/or the photograph(s)/video.

I hereby waive, release, and discharge any claims, actions, or causes of action for any damages, personal injury, accident, illness, or death which I may have, or which may subsequently accrue, as a result of participation in volunteer activities. I hereby agree to fully assume any and all risk of harm, injury, or death which may occur during the volunteer activities, and to release and hold harmless FBAMC, the Diocese of Lexington, their officers, agents, FBAMC volunteers, and employees from any claims, actions, or causes of action as set forth above.

**Volunteer Contract, Photo Release, and Hold Harmless Agreement**

I understand that I am volunteering my time and labor. I acknowledge and understand that as a volunteer, I am not eligible for any wages or other benefits of employment, such as workers’ compensation insurance, and I fully waive any claim for same for any work or activity I contribute during the volunteer activities. I understand that I am responsible for all medical bills if injured while performing volunteer work. If injured or an emergency, I will be taken to the nearest adequate medical facility. It is also understood and agreed that this waiver, release and assumption of risk is binding on my heirs, successors, and assigns. This has been executed voluntarily and with full knowledge of its significance.

Furthermore, I understand that I and or my group will be asked to leave if unable to abide by these terms and conditions.

Participant information: **please print and complete all information asked for (mark n/a if information requested is not applicable)**

Name Phone Number ­­­

Street:

City: State: Zip Code:

Age: Date of Birth:

Medical information in case of an emergency:

Emergency contact:

Emergency contact phone #:

Medical Insurance

ID number

Doctor Phone Number ­­­

List of allergies (food, bug bites, molds, etc.), medication(s), contacts, other pertinent comments:

**PARTICIPANT:**

**I confirm that I have read this contract, understand all of its terms & conditions, and agree**

**to them by signing below.**

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_