

DIOCESE OF ERIE MISSION OFFICE VOLUNTEER APPLICATION

Please complete and mail to: Mission Office, Diocese of Erie, P.O. Box 10397, Erie, PA 16514-0397

PART I - Personal Information

Date _____

1. Name: _____ Age _____
Last Middle First

2. Birth Date: _____ Sex: M F Phone: _____ work
Month -Day -Year _____ home

3. Address: _____
Street City State Zip

Mother _____ Living _____ Deceased _____

Father _____ Living _____ Deceased _____

5. Person to notify in case of emergency: _____

Relationship: _____ Telephone: _____

Address: _____
Street City State Zip

6. Citizenship: _____ Social Security No. _____

7. Marital Status: _____ Dependent Children: Yes _____ No _____

8. Siblings:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

9. Religious Affiliation: _____

Home Parish: _____

Address: _____

Pastor: _____

10. What specific contribution or skills can you offer as a missionary in another culture? _____

11. For what length of time would you like to volunteer? _____

12. If accepted, when would you be available for service? _____

13. What is your current occupation? _____

14. How did you learn about the Erie Diocese Mission? _____

PART II HEALTH

1. How do you appraise your present health? _____

2. Do you have any chronic ailments? _____

Any physical disability? _____

3. Do you have any allergies? _____

Part III Education

HIGH: Name and location of School: _____

Dates: _____ Last Grade Completed _____

College Or Vocational:

Name and location of School: _____

Dates: _____ Last Grade Completed _____ Majors _____

_____ Minors _____

Degrees or Certificates Received:

Professional Or Graduate:

Name and location of School: _____

Dates: _____ Last Grade Completed _____ Majors _____

_____ Minors _____

Degrees or Certificates Received: _____

1. What are your areas of concentration or professional skills: _____

2. Indicate your proficiency in languages:

Language	Speaking Ability Fair Good Ex.	Ability to Understand a Conversation Fair Good Ex.			Number of Years of Training

3. What foreign countries have you lived in or visited?

Name of Country	Length of Stay	Purpose of Visit

4. What has been your experience with peoples of other races, nationalities and cultures? (Include work camps, migrant camps, inner-city and interracial ef forts , etc.)

Part IV Employment

1. List chronologically all employment including summer and part-time employment:

Name & Address of Employer	Date of Employment		Position and Kind of Work	Reason for Leaving
	From	To		
1				
2.				
3.				
4.				
5.				
6.				

Do you have a drivers license? _____

Are you able to drive a standard shift car? _____

2. Please list volunteer work done:

Name & Address of Organization	Length of Work		Type of Work	Position Held
	From	To		

3. To what professional, civic, farm or fraternal and religious groups do you belong?

Part V References

List below the names, titles and addresses of three people (other than relatives) from whom you will request a letter of recommendations:

1. Person who knows you well.

Name _____

Address _____

city _____ State _____ zip _____

2. An employer or supervisor.

Name _____

Address _____

city _____ State _____ zip _____

3. A professor, advisor or guidance counselor.

Name _____

Address _____

city _____ State _____ zip _____

