



Holy Wisdom Monastery

2012 Volunteer in Community Application

June 18 – July 13, 2012

Dates (two weeks or more) for which you are applying: _____

Identifying Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Email Address _____

Birth Date _____ Citizenship _____ Social Security# _____

Please indicate: single divorced engaged widowed Number of dependents: _____

List two people to notify in case of emergency:

1. Name _____ Relationship _____
Telephone _____ Cell Phone _____ Email _____

2. Name _____ Relationship _____
Telephone _____ Cell Phone _____ Email _____

Education

High School Attended _____ Graduation _____

College/Technical School _____ Major _____
Graduated? no yes: Degree _____ Year of Graduation _____

Graduate School _____ Major _____
Graduated? no yes: Degree _____ Year of Graduation _____

If you attend(ed) college but have not graduated, how many semester hours have you completed? _____

List any courses, studies, work or research in which you have participated that would be relevant to the volunteer program with Benedictine Women of Madison at Holy Wisdom Monastery:

NAME: _____

Health History

Please describe the general condition of your health:

Do you have any serious health conditions? yes no
If yes, please explain:

List and explain any physical limitations or handicaps:

List any dietary restrictions:

Are you pregnant or been advised in the last year that hospitalization, surgery or treatment is needed/pending? yes no
If yes, please explain:

Check items which currently, or have in the past, caused you concern:

- | | | |
|---|---|---|
| <input type="checkbox"/> cancer | <input type="checkbox"/> stroke | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> alcohol or drug use | <input type="checkbox"/> vascular disease | <input type="checkbox"/> liver, kidney, lung or intestinal disorder |
| <input type="checkbox"/> mental or emotional disorder | <input type="checkbox"/> diabetes | <input type="checkbox"/> eating disorder .. |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> headaches | <input type="checkbox"/> arthritis or lupus |
| <input type="checkbox"/> acquired immune deficiency syndrome (AIDS) | | <input type="checkbox"/> other immune system disorder |
| <input type="checkbox"/> allergies | | |

If yes to any of the above, please explain:

Please list any prescription drugs that might affect your service with us: _____

Health Insurance _____	_____	_____
Provider	Group #	Member #

Signature _____ **Date** _____

How did you hear about Holy Wisdom Monastery? _____

Please return this completed application with the following:

- a letter of intent addressing reasons for applying, greatest hope for your volunteer experience, skills you hope to use, what you can offer Holy Wisdom Monastery, how long you would like to volunteer, etc.
- two recommendations using the attached form

Return application materials by May 25, 2012 to: **Ann Moyer**
Holy Wisdom Monastery
P.O. Box 5070
Madison, WI 53705
608-836-1631 ext. 197
amoyer@benedictinewomen.org