



Holy Wisdom Monastery

2012 Benedictine Sojourner Application

Application may be submitted using this form or the online form found at:

<http://benedictinewomen.org/monastic-life/benedictine-sojourners/>

Dates 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# _____

Drivers License (state & #) _____

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? _____

NAME: _____

How did you hear about Holy Wisdom Monastery? _____

List any current/past service experiences, part-time or full-time, in which you have participated.

<u>Service experience</u>	<u>Dates</u>	<u>Responsibilities</u>
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Please explain any difficulties that you foresee arising from your participation in this program.

Do you have a significant personal indebtedness that might cause problems for your participation? If yes, please explain.

Have you been charged with any illegal activity? If so, please describe briefly and include the outcome of the charge(s).

Skills, Hobbies and Interests

Please list any skills, hobbies, and/or interests that you would bring to this experience of community living and service.

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:

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NAME: _____

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** _____

Print your name _____

If submitting this form, please send directly to:

Lynne Smith, OSB
Holy Wisdom Monastery
PO Box 5070
Madison, WI 53705

Phone: (608) 831-9305
Fax: (608) 836-5586
Email: lsmith@benedictinewomen.org

To complete the application process, please be sure you have submitted answers to the reflection questions, found at <http://benedictinewomen.org/monastic-life/benedictine-sojourners/>, and have secured three recommendations (other than relatives). Please include an employer (current or former) or supervisor of a service related placement, if applicable, as one of the recommendations.