



# Cap Corps Volunteer Program 2010-2011 Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address: (if different from permanent)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Driver License Number/ State: \_\_\_\_\_  
Do you plan in bringing a car? \_\_\_\_\_ (we have one car available for the community's use)

**Please submit a copy of your resume with this application.**

Colleges and Universities Attending or Attended: \_\_\_\_\_  
\_\_\_\_\_  
Year of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_  
Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

**In Case of Emergency:**

Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEALTH INFORMATION

How do you appraise your current health? \_\_\_\_\_  
\_\_\_\_\_

Are there any medical or pre-existing conditions, which might affect your service or place of assignment?

If so please give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary or eating needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any health fears/questions about living as a Cap Corps Volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else about you (e.g. your physical condition, counseling history, family background) which you feel we should know? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. (Use a separate sheet if needed.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MINISTERIAL SKILLS

**Working in youth ministry involves a unique set of skills and characteristics. Below are attributes CYFM feels are valuable. Based on your own experience, please rate yourself. Use a scale of 1-5 (5 being the strongest). Please note: A rating of 4 or 5 should indicate that you have substantial experience with that particular skill.**

_____ leading small group discussions	_____ leading prayer (small group)
_____ large group presentations	_____ leading prayer services (large group)
_____ event planning	_____ communicating with parents
_____ writing educational talks	_____ listening to others' stories
_____ sharing personal witness stories	_____ communicating with teens
_____ leading singing/ dancing	_____ behind the scenes retreat support
_____ creating retreats	_____ evaluating events/ retreats
_____ leading icebreakers	_____ flexibility
_____ leading/participating in silly games	_____ self-motivation
_____ planning retreats	_____ self-reflection/ open to growth
_____ room/ environment set up	_____ sense of humor

Do you play an instrument? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you like to sing? Yes \_\_\_\_\_ No \_\_\_\_\_

## INTERPERSONAL INFORMATION

Please answer the following questions briefly in short-answer form. Please type your answers on a separate sheet of paper.

1. What specific gifts or talents do you feel you would bring to CYFM?
  2. How would you describe your communication style when working/living with others?
  3. What does it mean to you to be a role model for teenagers today?
  4. When/How did you learn about CYFM?
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## PERSONAL INFORMATION

Please answer the following questions briefly in essay form. Please type your answers on a separate sheet of paper.

1. **Why have you decided, at this time in your life, to apply to be a Cap Corps Volunteer?**
    - a. What experiences/people have influenced you in this decision?
    - b. What do you hope to gain through this experience?
    - c. What are your experiences and expectations with regard to community living? What do you hope to get out of this experience?
  
  2. **How has God worked in your life? Please relate your personal faith journey.**
    - a. When/how did you come to believe in God, develop your own relationship with God, and commit to a Christian lifestyle?
    - b. How do you currently maintain your relationship with God? Please include your personal prayer life and your involvement with the Church.
    - c. Who/ what has influenced your spiritual development?
  
  3. **Please relate your youth ministry and campus ministry experience.**
    - a. What effects have your own teenage and young adult years had on your faith development?
    - b. How do you think this will influence your ministry as a Cap Corps Volunteer?
    - c. What issues are you most passionate about to discuss with teens? What stories would you use from your own life to help teenagers learn about and grow in their faith?
-

## REFERENCES

Please list below four references (other than relatives). You do not need to ask them to write you a letter of recommendation. We will mail them a form to fill out. You may, however, want to contact them to let them know they will be receiving a form in the mail.

**1. Persons who know you well (Co-worker, employer, etc):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**2. A priest, religious, campus minister or spiritual director:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**3. Professor, Advisor, or Counselor:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**\*As a routine part of the application process, since Cap Corps Volunteers are working with children, we use the applicant's Social Security Number and Driver License for a background check. Though the permission form is attached, the background check will not be conducted until after an interview \***

**Please return:**

**Completed Application  
Copy of Resume  
Short Answers and Essay Questions**

**To: Br. Lake A. Herman, OFM Cap.  
Cap Corps Program Director  
Capuchin Youth & Family Ministries  
PO Box 192  
Garrison, NY 10524**

**Phone Number: (845) 424- 3609**

**Fax Number: (845) 424- 4403**

**E-mail: [brolake@cvfm.org](mailto:brolake@cvfm.org)**

# DISCLOSURE RELEASE FORM

## For Capuchin Youth & Family Ministries (CYFM)

### ***INFORMATION RESOURCES or ChoicePoint***

This is to inform you that as part of our procedure for processing your employment/volunteer application, we will use **Information Resources or ChoicePoint**, both independent outside agencies.

This agent (Information Resources or ChoicePoint) will make an investigative report in which information is obtained through a criminal background search, search of driving records, and a level 3 sex offended search for various states.

By signing the document below you are releasing any and all persons, companies or others from any liability whatsoever for this purpose.

You have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation.

We only do this background check after an initial interview, visit, and we extend a conditional offer.

_____		_____
Signature		Date
_____		
Print: First Name	Last Name	Middle Name
_____		
All other names used (Aliases, AKA's, Maiden)	Social Security Number	
_____		
Driver's License Number	State Issued From	
_____		
Print Full Name as it Appears on Driver's License		

Voluntary Information (For Identification Purposes Only)

\_\_\_\_\_

Date of Birth