



SISTERS OF THE PRESENTATION
of the Blessed Virgin Mary

LONG TERM & SHORT TERM SERVICE APPLICATION

Name: _____

Date of Birth: ___/___/___

Temporary Address:
(Valid ___/___/___)

Permanent Address:

Cell Phone: _____

Home Phone: _____

Email: _____

Do you plan in bringing a car? _____

Please make zeros and the letter O distinguishable

Languages Spoken: _____

Please submit a copy of your resume with your application.

Colleges and Universities Attending or Attended: _____

Degree Earned: _____ Minor: _____

Year of Graduation: _____

In Case of Emergency:

Notify: _____ Relationship: _____

Home Phone Number: () _____ Cell Phone Number: () _____

Work Phone Number: () _____

Address: _____

Notify: _____ Relationship: _____

Home Phone Number: () _____ Cell Phone Number: () _____

Work Phone Number: () _____

Address: _____



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HEALTH INFORMATION

How do you appraise your current health?

Excellent

Good

Fair

Do you have any allergies: Yes No

If yes, please explain: _____

Do you take prescription or non-prescription medications regularly? Yes No

If yes, please explain: _____

Have you ever been treated for substance abuse? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime: Yes No

If yes, please explain: _____

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

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.) _____



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

1. What is your idea of service and why do you want to serve?
 - a. What do you hope to gain through this experience?
 - b. What are your experiences and expectations with regard to community living?
 - c. What do you hope to get out of this experience?
 - d. How would you describe your communication style when working/living with others?

2. How does your faith motivate and inspire you to serve others?
 - a. Have you had any prior volunteer experiences? If so, please explain.
 - b. What is it about Presentation Sisters *If I could be of Service Program* that attracts you?
 - c. What specific gifts or talents do you feel you would bring to Presentation Sisters Service Program? What do you like to do in your spare time?

3. Anything else you would like to share with us about yourself?



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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. Two people 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: _____

Please submit the following:

- Completed Application, Health Information Form, Reference Form, and Waiver.
- Copy of Resume
- Essay Questions

To: Sr. Mary T. Naccarato, PBVM

Email: PBVMService@sistersofthepresentation.org

845-399-4433 - phone



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MEDICAL RELEASE FORM

I, _____, an applicant for the Sisters of the Presentation of the Blessed Virgin Mary Service and Outreach Program, hereby waive, renounce, and release on behalf of myself all claims of whatever nature against the the Sisters of the Presentation of the Blessed Virgin Mary or any adult leader, for any injury, accident, or expense resulting from any cause whatsoever.

I hereby grant the adult leaders full authority to take whatever action they consider to be warranted under the circumstances regarding my health and safety and I fully release each of them for any liability for such actions taken on my behalf. This authority will permit the adult leaders, at their discretion, to place me at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment.

I agree that the adult leaders have the right to enforce rules of conduct, and I am willing to abide by them at all times.

Parent's authorization for applicants under the age of 18 years: By signing below, I hereby certify that I am the parent or guardian of the applicant named above; that I have read this release form; that I join in the release without reservation, granting my full consent to all actions provided for; and further agree to hold blameless the Sisters of the Presentation of the Blessed Virgin Mary, against any and all claims on behalf of the applicant.

WAIVER & RELEASE OF ALL CLAIMS

Clearly PRINT Participant's Name: _____

I/We, recognize and acknowledge that there are certain risks of physical injury inherent in my activities while participating in the Sisters of the Presentation of the Blessed Virgin Mary Service and Outreach Program, I/We agree to assume the full risk of any injuries, including death, damages or loss which I/We may sustain as a result of participating in any and all activities connected with this program.

I agree to waive and relinquish all claims I may have against the Sisters of the Presentation of the Blessed Virgin Mary, and its officers, agents, servants, employees and volunteers as a result of my participation in this program.

I further agree to indemnify, hold harmless, and defend the Sisters of the Presentation of the Blessed Virgin Mary, its servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities during my participation in this program.

I/We have read and fully understand the MEDICAL RELEASE AND WAIVER AND RELEASE OF ALL CLAIMS forms:

Signature of Participant: _____

Printed Name of Witness Witness: _____ Signature: _____

Date: _____