



Application for

Humility of Mary Service

Date _____

Name _____ Birth Date _____

Address (temporary) _____

City _____ State _____ Zip _____

Address (permanent) _____

City _____ State _____ Zip _____

Phone #s: cell _____ permanent _____

Email address _____

Occupation (if student, list school and graduation year) _____

Major _____ Marital status _____

Please answer the following questions.

Attach additional pages if necessary

1. Why are you interested in a volunteer program?

2. Where did you hear about Humility of Mary Service?

9. Are you presently employed? If so, where and what is your job?

10. Please list all full or part-time jobs that you have had in the last five years

11. If you were to volunteer with us, are there any needs that you have that would make your volunteer experience easier?

12. Do you have health insurance? If so, what kind?

13. Do you speak a foreign language? If so, are you fluent in that language?

14. Have you had any association with the community of the Sisters of the Humility of Mary? If so, please explain and give the names of any sisters or associates with whom you are connected.

15. Please list some days and times you would be available for an interview

16. Please give the name, address, and phone number of four people that may be used as references. Please include at least one former employer in addition to your present one. **PLEASE PRINT**

Name (employer) _____

Address _____

City, State, Zip _____

Phone Number _____

Name (employer) _____

Address _____

City, State, Zip _____

Phone Number _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Please return this form to:
Humility of Mary Service
20015 Detroit Road
Rocky River, OH 44116