



# Felician Volunteers in Mission Application Form (Minors)

Thank you for your interest in being a part of Felician Volunteers in Mission. Please complete the information below and return it to Felician Sisters of North America: Felician Volunteers in Mission, Attn: Caroline Stanfill, 871 Mercer Road, Beaver Falls, PA 15010. If you have any questions, please contact Caroline Stanfill at [cstanfill@feliciansisters.org](mailto:cstanfill@feliciansisters.org) or (724) 650-7936.

Location of Trip: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

## Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Are you a U.S Citizen?     Yes     No

## Parent/Guardian Information

Parent/Guardian Name (First and Last): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name (First and Last): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Information

Name (First and Last): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

## References

Please provide the names and phone numbers of two references: one related to Mission/Ministry and one teacher:

Mission/Ministry Reference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Teacher Reference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Christian Experience

What is your religious affiliation? \_\_\_\_\_ Place of Worship? \_\_\_\_\_

How would you describe your relationship with God?

Distant & Cool

Struggling & Sporadic

Growing & Learning

Close & Warm

Indicate the type of Christian ministry experience you have and circle the level of your experience:

- |          |                   |          |                  |
|----------|-------------------|----------|------------------|
| 1. _____ | Little Experience | Moderate | Very Experienced |
| 2. _____ | Little Experience | Moderate | Very Experienced |
| 3. _____ | Little Experience | Moderate | Very Experienced |

Please list your spiritual gifts and describe how you are currently using them:

\_\_\_\_\_

## Education, Training, and Experience

High School: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please mark all that apply with a 1, 2, or 3 to indicate your level of experience: Limited [ 1 ] Moderate [ 2 ] High [ 3 ]

Agricultural

Administration

Art

Teaching

Carpentry

Management/Leadership

Photography

Journalism

Electrical

Masonry/Cement

Graphic Arts

Printing

Plumbing

Computer

Music

Coaching

Accounting

Foreign Languages

Metal work

Radio

Mechanics

Video Production

Medical

Briefly explain why you want to be a Felician Volunteer in Mission? \_\_\_\_\_

\_\_\_\_\_

## Participant & Parent/Guardian Signature

The applicant and his/her parent/guardian hereby certify that all information contained in this application is complete and true to the best of their knowledge. Both the applicant and parent/guardian have read and agree to the policies and guidelines of Felician Volunteers in Mission.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_