

# Annunciation House Volunteer Application

ATTACH RECENT PHOTO

(Please type or print.)

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED \_\_\_\_\_ WIDOW (ER) \_\_\_\_\_

RELIGIOUS DENOMINATION \_\_\_\_\_

Please keep in mind that the application process is what most helps us to get a sense of who you are and what you seek at this point and time in your life. For most questions, there is no correct or incorrect answer, only your own personal insight and belief. Our hope is that the application process will help you and us discern how best you can live with and serve the people of Annunciation House.

## PERSONAL BACKGROUND

1. Please explain what you have been doing during the past five years. Provide dates, locations and names of schools, employers, etc. where applicable.

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2. How did you first hear about Annunciation House? \_\_\_\_\_

3. Do you have a driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, from what state? \_\_\_\_\_

Driver's license no. \_\_\_\_\_ How many years have you had a license? \_\_\_\_\_

How many traffic citations have you had on your driving record during the past three years? \_\_\_\_\_

Have you ever been cited for causing an accident? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, provide dates, state and outcome. \_\_\_\_\_

Can you drive a standard transmission vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you own a vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_ Do you presently carry auto insurance? YES \_\_\_ NO \_\_\_\_\_

If you do, please answer the following:

NAME OF COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Do you plan on bringing a vehicle with you, if accepted? YES \_\_\_\_\_ NO \_\_\_\_\_

Some volunteers bring a vehicle with them because of the mobility it offers them, especially during their days off. Street parking or in some cases, in a parking lot, is available. Responsibility for the vehicle is that of the volunteer. Texas has liability insurance laws and stiff fines for driving a vehicle without liability insurance.

- 4. Have you ever been convicted of a felony or a misdemeanor crime? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please provide dates, circumstances, and outcome. (Please attach a sheet of paper with this information.)
- 5. Annunciation House, Inc. requires that all applicants have a police background check. Please obtain a validated police background check from the place of your current residence and have the police department forward it directly to the Volunteer Coordinator at 815 Myrtle Ave., El Paso, TX 79901.

6. In case of emergency, please contact:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

7. Parents' name and address(es):

FATHER _____	MOTHER _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____	CITY _____ STATE _____
ZIP _____ PHONE _____	ZIP _____ PHONE _____

8. How many brother and sisters do you have? (if any) \_\_\_\_\_

9. If you are married, name of spouse: \_\_\_\_\_

10. If you have any children, how many? \_\_\_\_\_ Please provide their ages: \_\_\_\_\_

**EDUCATION**

1. What is the highest grade or level of schooling you have completed? \_\_\_\_\_

2. Do you have a degree? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please list:

DEGREE _____	SCHOOL _____	DATE RECEIVED _____
DEGREE _____	SCHOOL _____	DATE RECEIVED _____
DEGREE _____	SCHOOL _____	DATE RECEIVED _____

3. LANGUAGES—Please indicate your assessment of your ability to understand, read, and write each language using the following categories:

- “Limited”: Understands some words, but cannot read the language or hold a conversation.
- “Proficient”: Intermediate written and reading knowledge, can hold a basic conversation.
- “Fluent”: Ability to read, write, and speak the language with ease.

	UNDERSTAND	SPEAK	READ	WRITE
ENGLISH				
SPANISH				
OTHER				

4. Educationally, what would you say has had the greatest significance in or impact on your life?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What did you least like or what caused you the most problems educationally? \_\_\_\_\_  
 \_\_\_\_\_
6. What books, periodicals or films that you have read or seen within the past three years have had a significant influence on you, your values, priorities and life beliefs? \_\_\_\_\_  
 \_\_\_\_\_
7. Have you participated in any workshops, seminars or retreats within the past several years that you found especially good and empowering? Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT**

1. Provide the following for your present or most recent employer:  
 NAME OF COMPANY/ORGANIZATION \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_ DATE EMPLOYMENT BEGAN \_\_\_\_\_  
 Are you still employed there? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, give last date of work. \_\_\_\_\_  
 REASON FOR TERMINATION \_\_\_\_\_
2. What employment, if any, has had a significant impact on you as well as on the people with whom you worked or served? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you ever been fired from a job for any reason? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please list any certification you presently hold:

Type of certification	Field	Cert.#	Date of Expiration

5. List any volunteer work you have done. Give name, address and phone number of organization.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## RELIGIOUS BACKGROUND AND BELIEFS

1. Write a brief statement of your own religious beliefs at this point and time in your life.

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2. How do you integrate your religious beliefs into your day-to-day life?

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3. Are you a member of the clergy, a religious community, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please provide:  
NAME OF COMMUNITY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME OF PERSON TO WHOM YOU ARE ACCOUNTABLE \_\_\_\_\_

4. The staff of the houses gathers regularly for prayer, reflection, and Eucharistic celebrations. By joining the staff, you are freely choosing to pray with us. How do you feel about this? What do you find helpful in your own prayer life and what have you found to be a hindrance? \_\_\_\_\_

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## INSIGHTS AND NEEDS

1. Annunciation House offers hospitality to refugees, immigrants, and the undocumented. At times, it also offers hospitality to runaways, people who are mentally ill, and individuals fleeing domestic violence. Volunteers live and work in the same house with all of these people whom they serve. How do you feel about sharing your life with these various people—living in the same house, eating at the same table, laughing and playing with them, etc.? \_\_\_\_\_

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2. The work and service are as varied as the guests. How do you feel about spending your days coordinating meals, sorting through fruits and vegetables, taking guests to the clothing bank, orienting new guests to the house, answering the phone and the door, receiving donations and putting them away, meeting with the guests and listening to their stories, making medical appointments for the guests, accompanying guests to appointments, etc.? \_\_\_\_\_

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3. Do you have hobbies, interests, talents or abilities you would especially enjoy sharing with the people served? Please explain. \_\_\_\_\_

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4. How much structure or direction do you like to have in your work or service situation? How specific and detailed of a description of your duties and responsibilities do you like or feel you need in your work?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Do you see yourself as an extrovert or introvert, and how do you feel the strengths of your personality will help you in your work and life at Annunciation House? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. From the little information you have received about the houses sponsored by Annunciation House, have you been able to form some type of image as to what life here might be like? If you have, what do you imagine? Please describe it. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. Are there some areas of work or service to people that make you uncomfortable and which you feel might be a problem at any of the houses sponsored by Annunciation House? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. What needs to be present in your living and community environment for you to be at peace and able to enjoy where you live and the work you do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL INFORMATION**

1. Do you have a health insurance policy that will cover you during your time of service? Yes \_\_\_ No \_\_\_  
 If yes, please provide the following information:  
 NAME OF COMPANY \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 POLICY NUMBER \_\_\_\_\_

If you do not have a policy that will cover you during your service and you are accepted as a year-long volunteer, you will be eligible for coverage by Annunciation House, Inc.'s policy.

2. Please ask your primary care physician to complete the attached Medical Report and return it to the Volunteer Coordinator, 815 Myrtle Ave., El Paso, TX 79901.

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. Please indicate any counseling or psychotherapy you have received and its impact on your life. Please also indicate if the nature of your current treatment is related to substance abuse and/or sexual addiction. If needed, please use a separate sheet of paper.

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4. If you are currently receiving, or have received within the last year, counseling or psychotherapy, please ask your mental health professional to complete the attached reference form and send it directly to the volunteer coordinator. This reference helps us to understand how you have dealt with or are dealing with significant issues in your life and your ability to tolerate what can be physically, emotionally, and psychologically stressful circumstances as a volunteer at Annunciation House.

MENTAL HEALTH PROFESSIONAL: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

5. In your assessment, do you have any health or mental health conditions that could affect in any way your well-being and work at Annunciation House? Please explain any concerns you have.

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### **COMMITMENT AND LENGTH OF SERVICE**

1. With the exception of the Summer Internship Program, Annunciation House volunteers must commit to serve for a minimum of twelve (12) months. Are you available to serve at Annunciation House for at least twelve (12) months? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Arrival dates and orientation times for new volunteers are: February 1, May 25, August 1, and November 1.  
The date I would like to begin my service is: \_\_\_\_\_
3. Deferments on SOME student loans are possible for individuals doing volunteer work. Deferments on such loans are usually available ONLY to individuals making a commitment of one year. Volunteer service at Annunciation House meets the requirements of most student loans that have deferment provisions. Volunteers seeking such deferments need to contact their lending institution to obtain the necessary paperwork and send it to Annunciation House.  
Do you have outstanding student loans? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, do you plan to seek deferment based on volunteer service? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Do you have any personal, financial, or family obligations that conflict with the commitment period you have indicated above? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain what they are and how you anticipate they will affect your stay at Annunciation House.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you had or do you have now any physical health or mental health problems that could in any way affect your well-being and work at Annunciation House? If YES, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any medical/hospitalization insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please answer.

NAME OF COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

7. Please rate each of the following. We ask that you be open to serve in the ways we need you most. While this information will be helpful to us in making assignments, we cannot guarantee any particular area of work or responsibility.

1 = Love to do.    2 = Enjoy doing.    3 = Can do.    4 = Dislike doing.    5 = Don't know how to do.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Painting       | <input type="checkbox"/> Bookkeeping     | <input type="checkbox"/> Auto maintenance     | <input type="checkbox"/> Maintaining clothing bank   |
| <input type="checkbox"/> Plumbing       | <input type="checkbox"/> Filing          | <input type="checkbox"/> Newsletters          | <input type="checkbox"/> Carpentry                   |
| <input type="checkbox"/> Electrical     | <input type="checkbox"/> Word processing | <input type="checkbox"/> Writing grants       | <input type="checkbox"/> Typing—WPM: ___             |
| <input type="checkbox"/> Sheetrocking   | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Building maintenance | <input type="checkbox"/> Maintaining food pantry     |
| <input type="checkbox"/> Paralegal work | <input type="checkbox"/> Nursing         | <input type="checkbox"/> Kitchen maintenance  | <input type="checkbox"/> Public relations            |
| <input type="checkbox"/> Social work    | <input type="checkbox"/> Liturgies       | <input type="checkbox"/> Counseling           | <input type="checkbox"/> Secretarial                 |
| <input type="checkbox"/> Sewing         | <input type="checkbox"/> Child care      | <input type="checkbox"/> Cleaning             | <input type="checkbox"/> Driving—pick ups, drop offs |
| <input type="checkbox"/> Research       | <input type="checkbox"/> Tutoring        | <input type="checkbox"/> Teaching             | <input type="checkbox"/> Organizing                  |

**SUMMER INTERNSHIP PROGRAM ONLY  
2008**

Are you available to live and serve at one of the houses of hospitality sponsored by Annunciation House during the period of May 25 to August 3? If this period presents any problems, please explain them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATIONS FOR THE SUMMER INTERNSHIP PROGRAM  
MUST BE RECEIVED NO LATER THAN MAY 5**



Please list below any questions you have about any aspects of our work.

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## PERSONAL REFERENCES

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Annunciation House requires that you obtain at least four references from people who know you well and are able to judge your general character, motivation, and qualifications for becoming an Annunciation House volunteer. Please provide each individual with a reference form and ask her or him to return it to you in a sealed and signed envelope to include in your packet.

One reference must be from individuals in each of the following categories. Please list their names, addresses, phone numbers, and e-mail addresses.

Please note: NO REFERENCE MAY BE MORE THAN A YEAR OLD.

1. Pastor, minister, spiritual director, or mentor

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

2. Employer, academic advisor or instructor, or supervisor

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

3. Adult member of your immediate family

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

4. Individual (other than a family member) of your choosing

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

5. Mental Health Professional (if applicable)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

***Please sign the following:***

I grant permission for Annunciation House Inc. to seek additional pertinent information from the four individuals listed above, in addition to my mental health and/or medical professional in the case that it is necessary to further the application process.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **IMPORTANT**

Applications for service with Annunciation House are considered complete only after:

- The completed application with photograph has been received.
  - ALL reference letters have been received. (Please follow up on your reference letters. This is the single most frequent cause for delays in responding to applicants.)
  - A recent background check has been received.
  - A completed medical report has been received.
  - Please submit the completed application at least one month prior to the desired start date.
- After all of the above is on file, a response will be mailed within a week to ten days.

**RETURN TO:** Annunciation House  
c/o Volunteer Coordinator  
815 Myrtle Ave.  
El Paso, TX 79901-2620



**REFERENCE FORM FOR MENTAL HEALTH PROFESSIONAL**

APPLICANT'S NAME: \_\_\_\_\_

**TO THE REFERENCE:**

Annunciation House Inc. has served the poor in migration on the El Paso-Juarez border for nearly 30 years. We are a volunteer organization that depends on individuals committed to living and working among the homeless poor in a spirit of faith and solidarity. Demands placed on volunteers are varied, as volunteers live and work in our houses of hospitality with fellow volunteers and with the guests we serve. During this period of service, s/he will experience challenges to her/his ability to adapt to various personalities, cultures, and living conditions. S/he will also need adequate coping skills such as flexibility, adaptability, and compatibility. Finally, s/he will need some willingness to live simply, as well as a desire to integrate her/his faith values into the service experience.

This applicant has indicated that you have experience working with him/her. Please respond in brief to the following questions.

1. How long have you worked with this client?
2. In your experience of work with this applicant, please comment on the strengths that may support him/her and challenges he/she may face.
3. Given your professional relationship, please comment on any concerns you might have as well as recommendations that could be helpful to this person's successful completion of this volunteer experience.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you. Please return this reference and/or direct any questions to: Annunciation House, Volunteer Coordinator, 815 Myrtle Ave., El Paso, TX 79901. Phone: 915.533.4675, Fax: 915.351.1343**