

Application Form

**Benedictine Volunteer Program
Mount St. Scholastica
801 So. 8th Street
Atchison, Kansas 66002
913-360-6200
lorettamc@mountosb.org**

Name of Applicant _____

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

E-mail address: _____

Place of residence _____

(with family, apartment alone, apartment with others, college campus.....)

Day of Birth ___/___/____ **Country** _____

Gender _____ **City** _____ **State** _____

Vocational Status: Married ___ **Spouse:** living: ___ deceased ___

Single ___ **Divorced** ___ **Widowed** ___ **Religious** _____

Names, addresses and ages of Children: (use back side if more space required)

Employment History: (use separate sheet if more space required)

Present Occupation: Name and address of current employer:

Educational History: Degrees and Schools attended (use back side if more space required)

Medical History: (status of health, surgeries, etc.)

Specifically reference whether or not there are any illnesses or medical conditions that would limit your ability to perform certain functions in the area of following work places:

Library work

Housekeeping

Office work

Maintenance

Dish washing

Gardening

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain the circumstances: use back side if more space required

Volunteer and/or Community Experience:

Have you ever served in a volunteer situation or lived in a community setting? Yes___ No___

If yes, on a separate piece of paper relate the history of your involvement and explain the reason for discontinuing your service.

Please include with this application form:

- a brief autobiography of no more than 2-3 pages including your family and faith history.
- the reasons for your request to be a volunteer at Mount St. Scholastica.
- 3 references from persons who know you well, *other than* relatives.
- Contact person in case of emergency: include name, address, phone number, e-mail

Properly executed releases for medical, education, and credit information may be requested at the discretion of the Benedictine Sisters.

Information included in this application and in other application documents will be held in the strictest confidence, to be reviewed only by the Benedictine Volunteer Team and the Prioress.

Guidelines

**Benedictine Volunteer Program
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Program Goal:

The goal of the Mount St. Scholastica Benedictine Volunteer Program is to provide the opportunity for women and men to participate in Benedictine community, prayer, and ministry.

I. Description:

Volunteers spend up to a year at Mount St. Scholastica, with the option of a one-year renewal. A small house on the monastery grounds is provided for 1-6 volunteers

II. Criteria for Acceptance:

- a) Over 21 years of age without dependents
- b) Willingness to sign a waiver of liability
- c) Sufficient health to participate in community life
- d) Financially independent to provide for major personal expenses; private vehicles, medications, long-distance transportation
- e) Ability to adapt to different works, rural/urban setting and community living
- f) Desire to experience monastic living

III. Compensation

Volunteers receive no salary. In return for their services, they will receive the following benefits:

- a) Room and board
If a volunteer receives payment for contracted services to another organization, service to the monastic community extends to "after hours" duties within the community. In that case, room and board costs will be assessed.
- b) A negotiable stipend (\$75.00 per month max.)
- c) Orientation
- d) Daily participation in Liturgy of the Hours and opportunity for Eucharist
- e) Lectures, classes, workshops, retreats and other educational or general enrichment opportunities available to the community
- f) Spiritual direction, if desired
- g) Some recreational opportunities with the community

IV. Admission Process:

- a) The interested person contacts the Benedictine Volunteer Team through correspondence with the Benedictine Volunteer Program Director.
- b) The Director provides the necessary information and an application form.

- c) The completed application form, including 3 references (not relatives) is reviewed by the Benedictine Volunteer Team and the Prioress.
- d) The applicant is asked to have an interview with the Benedictine Volunteer Team, either in person or by telephone. If the applicant is not acquainted with us, he/she will be encouraged to visit.
- e) The applicant will be notified as to acceptance into the program. The arrival date and period of volunteer service will be mutually agreed upon and forms will be processed including:
 - length of service, ordinarily 1 year, renewable for 1 year
 - Benedictine Volunteer Program Agreement
- f) There will be a 4-6 week probationary period following acceptance into the program.

V. Program Participation:

- a) The Benedictine volunteer will participate in monastic life under the guidance of the Benedictine Volunteer Team, with one team member serving as main contact person.
- b) A program to orientate the Benedictine Volunteer to monastic spirituality will be offered.
- c) A periodic assessment of the monastic experience will be held with the contact person and the Benedictine Volunteer Team.
- d) Should the experience not be satisfactory, participation in the Benedictine Volunteer Program may be terminated at any time by the Volunteer or the community of Mount St. Scholastica.

**Benedictine Volunteer Program
Sister Loretta McGuire, O.S.B., Director
Mount St. Scholastica
801 South 8th Street
Atchison, KS 66002**

Recommendation

- **Describe the applicant’s attitude toward community life. What gifts does she bring to life in community? Would you enjoy living with her? What might be some of her struggles in living community life?**
- **Comment on the applicant’s psychological maturity and the quality of her relationships with others?**
- **What gifts does she bring to her ministry? Would you enjoy working with her?**

- **Do you have additional observations or comments?**

Signature: _____

Date: _____

Name (print or type): _____

Address:

City: _____ **State:** _____
Zip _____

E-mail: _____

Relationship to applicant:

Benedictine Volunteer Program Agreement
Financial and Legal Obligations of a Benedictine Volunteer

Mount St. Scholastica

801 So. 8th Street
Atchison, Kansas 66002
913.360.6200

1. The financial and legal obligations of a Benedictine Volunteer were explained to me by the Director of the Volunteer Program and confirmed by Sister Anne Shepard, Prioress. I accept these as part of the mutual covenant between me and the Benedictine Sisters of Mount St. Scholastica.
2. I hereby release the Benedictine Sisters of Mount St. Scholastica from all responsibility for any financial obligations that I have currently or may incur as a Benedictine Volunteer, such as debts, other payments, or medical, hospital and prescription expenses. I am financially able to meet these and other personal obligations with my own bank account and assets which I shall continue to own and manage in my name. Receipt of wages and/or employment benefits in no way obligates the Benedictine Sisters of Mount St. Scholastica for any debts or contractual obligations which I might incur with third parties.
3. I hereby release the Benedictine Sisters of Mount St. Scholastica from all liability for any accidents, injuries, or death that may befall me during my residence at Mount St. Scholastica, unless such acts are a direct result of acts of willful and malicious negligence by the community of Mount St. Scholastica.
4. I hereby release the Benedictine Sisters of Mount St. Scholastica from any obligation to provide long-term care for me in the event that prolonged or incapacitating illness should befall me during my residence at Mount St. Scholastica. I have agreed to take responsibility for arranging for such care should it prove necessary and will share my written instructions to this effect with the Prioress and the Volunteer Coordinator.
5. I hereby agree to reimburse Mount St. Scholastica for my board and room expenses by donating certain specified services to the community in accord with terms determined in consultation with the Volunteer Coordinator.
6. I hereby freely agree to sign this Benedictine Volunteer Program Agreement with the Benedictine Sisters of Mount St. Scholastica.

Signature Benedictine Volunteer

Signature, Prioress, Mount St. Scholastica

Signature, Witness

Date