



# MISERICORDIA

*Heart of Mercy in Action*

## APPLICATION FORM

Long Term Volunteer  
Service Opportunity

### Biographical Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

SSAN \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Best Time to Reach You \_\_\_\_\_

Best Method to Reach You \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Application Process

1. Complete & submit application  
Biographical Information  
Personal Data Sheet  
References  
Essays/Signature on Application
2. Receipt of Transcript
3. Receipt of Letters of Reference
4. One full day (9 to 7) visit to campus  
Campus tour, interviews, resident  
contact, HR processing, & community  
socializing with current Volunteers

As a Community of Believers, we thank God for the children, adults, and families who are Misericordia. They call us forth to be more loving and compassionate people. We commit ourselves to the values and mission of Misericordia. We strive to provide the highest quality of life for our residents and respect and appreciation for our staff. We pledge to fulfill our responsibilities with excellence and to be fully involved. We bring a sense of joy, pride, and passion to our efforts, because we are touched by God's love and the mystery and miracle that are Misericordia.

## Personal Data

1. How have you heard about Misericordia? \_\_\_\_\_
2. Do you know any current or former employees, residents or their families, or volunteers of Misericordia? If so, who? \_\_\_\_\_
3. Are you willing to make a 12 month commitment to Misericordia beginning the end of August? \_\_\_\_\_
4. Are there any personal, family, financial, other obligations that may interfere with your completing a full term of service with Misericordia? \_\_\_\_\_
5. What talents and strengths do you bring to Misericordia? \_\_\_\_\_
6. Have you ever worked with or known persons with developmental disability? \_\_\_\_\_
7. What concerns might you have about working with developmentally disabled adults? \_\_\_\_\_  
\_\_\_\_\_
8. Are there particular circumstances or issues about you that Misericordia needs to know were you to be admitted to the program? What are they? \_\_\_\_\_
9. What skills do you bring to the program? \_\_\_\_\_
10. Current Occupation & Place of Employment \_\_\_\_\_
11. From what college did you graduate? \_\_\_\_\_
12. Degree? \_\_\_\_\_ Major? \_\_\_\_\_ Minor? \_\_\_\_\_
13. Do you have brothers or sister? \_\_\_ How many of each? \_\_\_\_\_
14. Part of your work will be to assist residents in their daily work opportunities (this is referred to at Misericordia as DT - Developmental Training). Please choose which sites are of most interest to you:  

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Greenhouse (plants)	<input type="checkbox"/> Recreation Department
<input type="checkbox"/> Art Mentor	<input type="checkbox"/> Light housekeeping	<input type="checkbox"/> Recycling
<input type="checkbox"/> Bakery/Packaging	<input type="checkbox"/> Music	<input type="checkbox"/> Religious Programming
<input type="checkbox"/> Ceramics/Painting	<input type="checkbox"/> Office Skills	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Fitness/Team Sports	<input type="checkbox"/> PT/OT/Speech Therapy	<input type="checkbox"/> Teaching
16. Do you have a valid driver's license? \_\_\_ What State? \_\_\_\_\_
17. Are you able to drive a large vehicle (15 passenger van)? \_\_\_\_\_
18. Are you a citizen of the United States? \_\_\_ Where were you born? \_\_\_\_\_
19. Have you ever been convicted of a crime? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Essays

We wish to hear about you and your life experiences. Your candid answers to the following questions will help both you and Misericordia examine your readiness to make the commitment necessary to undertake the important work with our residents. Please write your essays using the following format: single sided, typed in 12 pt, Times New Roman font, using 1 inch margins, and 1.5 spaced lines. Please be sure to include you name and the title of the essay on each page of each document.

### Essay One: Autobiography

Please compose a brief autobiography (2 to 3 pages) which includes information about the following:

- Persons and experiences that helped shape who you are today: your personality, beliefs, and ideals.
- The biggest challenge you and your family have faced and how you worked through it.
- A difficult choice you have had to make, your process in approaching the decision, and how your decision reflected your values.
- The strengths and weaknesses of your personality and how you have seen them affect your relationships.
- Your passions and how you act on them.
- Personal growth and development is an integral part of our Volunteer experience. Please share how you hope to grow in the year ahead.

### Essay Two: Mission

Please compose an essay (1 to 2 pages) illustrating your understanding of our Misericordia Mission addressing the following questions:

- What is the Mission of Misericordia as you understand it?
- How have your personal experiences and values drawn you to our ministry? Please be specific.
- How do you understand “living in intentional community?”
- How do you hope to be transformed by your experience at Misericordia working with God’s most vulnerable people, the developmentally disabled?

PLEASE MAIL YOUR COMPLETED APPLICATION TO:

Misericordia Heart of Mercy in Action  
Attn: Sharon Keane  
6300 N. Ridge Avenue  
Chicago, IL 60660

Phone: 773-273-3045  
Email:sharonm@misericordia.com  
Fax: 773-973-4292

## References

Please provide information for contacting persons who can give references regarding your application for volunteer service. At the bottom of the page sign your permission for us to contact them on your behalf.

### Reference 1

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

### Reference 2

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

### Reference 3

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

I, \_\_\_\_\_ give Misericordia and its representatives permission to contact the above named references regarding my suitability for the volunteer service program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Signature

APPLICANT CERTIFICATION AND RELEASE. ALL APPLICANTS MUST READ AND SIGN BELOW:

I certify that all information I have provided in order to apply for and secure work with Misericordia is true, complete, and correct. This application for service should be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for service beyond this time period should inquire as to whether or not applications are being accepted at that time.

If I am selected, I understand that my relationship with Misericordia is of an “at will nature”. This means I am free to resign at any time, with or without cause and without prior notice. Misericordia reserves the same right to terminate my service at any time, with or without cause and without prior notice, except as may be required by law. It is further understood that this “at will” relationship may not be changed by any written documentation. I understand that no supervisor or representative of Misericordia is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, may be sufficient cause to (i) cancel further consideration of this application, (ii) immediately discharge me from Misericordia, whenever it is discovered.

I expressly authorize, without reservation, Misericordia, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive any and all rights and claims I may have regarding Misericordia Home, its agents, employees or representatives, for seeking, gathering, and using such information in the selection process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that I will be required to provide the following documentation during the first week of service in August: Driver’s License or State ID, Social Security Card or Birth Certificate, INS authorization to work (if applicable), and a certified copy of college transcripts.

Misericordia is a Smoke-Free and Drug-Free environment. I understand that I must successfully pass a drug screen before I can begin service. If I am chosen, I authorize Misericordia to obtain the results of the drug screen, and notify me of the outcome.

Misericordia considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT CERTIFICATION AND RELEASE

My signature on this document certifies that I have read, fully understand, and accept all terms of the foregoing Applicant Certification and Release Statement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## Misericordia/Heart of Mercy

6300 N. Ridge Ave. Chicago, IL 60660 773-973-6300 [www.misericordia.org](http://www.misericordia.org)