



Missionary Guadalupanas of the Holy Spirit
5467 W. 8th Street
Los Angeles, CA 90036
www.encuentrovp.org

A Ministry of the Missionary Guadalupanas of the Holy Spirit

Thank you for your interest in our Encuentro Volunteer Program (EVP). The information you provide will be kept confidential and will help us accommodate your interests and experience with our service projects.

Applicant Information

Full Name: Last First M.I. Age Sex M F
Address: Street Address Apartment/Unit #
City State Zip Code
Home Phone: () Date of Birth: day / month / year
Cell Phone: () email:

List your current and past volunteer-service experience (Church, community organizations, clubs, school...)

Four horizontal lines for listing volunteer-service experience.

Education and job experience

Four horizontal lines for listing education and job experience.

What skills and talents do you wish to share in service?

Four horizontal lines for listing skills and talents.

Are you currently under any medical treatment or have a special health/physical need that we should be aware of?

Four horizontal lines for medical/health information.

Languages that you speak. You may list those you are not completely fluent in but either speak or understand somewhat.

Two horizontal lines for listing languages.

What kind of service opportunity are you interested in? *Please check as many as you like.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Black/African American Ministry | <input type="checkbox"/> Hispanic Ministry | <input type="checkbox"/> Retreat Work |
| <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Housing Issues, Shelter Staff | <input type="checkbox"/> Social Services & Poverty Relief |
| <input type="checkbox"/> Clerical / Secretarial & Office Work | <input type="checkbox"/> Immigration & Refugee Services | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Community Organizing, Outreach & Development | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Soup Kitchen & Food Distribution |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Migrant Ministry | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Education/ESL | <input type="checkbox"/> Parish Ministry/ Pastoral Counseling | <input type="checkbox"/> Tutoring/Literacy |
| <input type="checkbox"/> Evangelization | <input type="checkbox"/> Recreation, Camp Counseling & Coaching | <input type="checkbox"/> Youth Ministry |
| | <input type="checkbox"/> Religious Education | <input type="checkbox"/> Young adult ministry |

Other _____

Placement Interest.

Are you interested in ___International placement (Mexico, Dominican Republic)
 ___Domestic Placement (USA)

If interested in an international placement please answer the following:

A. When and how have you met with people from other cultures?

B. What reactions did those encounters arouse, provoke, produce in you?

Length of service

What length of service are you interested in?

- 2 weeks
- 1 month
- 3 months
- 6 months
- 1 year

What motivates you to participate in the Mission Program? *Please use additional paper if needed.*

Tell us about yourself answering the following questions:

- How would you describe yourself?
- In your family dynamics, what have been the values that have shaped who you are?
- What values do you strive to live in your interpersonal relationships with friends, co-workers, classmates...? How have these values helped you develop healthy relationships?
- What do you hope to accomplish by participating in the Encuentro Volunteer Program?
- What has been your experience encountering the poor and marginalized? Have you had an encounter in particular that has impacted you in a special way?
- How did you hear about the Encuentro Volunteer Program?

Please provide three references. Do not include family members.

1. Name _____ Email _____
Phone: _____ Relationship _____

2. Name _____ Email _____
Phone: _____ Relationship _____

3. Name _____ Email _____
Phone: _____ Relationship _____

Applicant Signature _____ Date _____

Application must be submitted by March 27, 2020.

Once we receive your application, it will be reviewed and processed within a week. Keep in mind that the timeframe can vary depending on the quick or delayed response of the references you provide. Once your application is fully processed you will receive a response from us.

ONCE ACCEPTED TO THE PROGRAM, PARTICIPANTS MUST COMPLETE THE WAIVER AND RELEASE FORM, MEDICAL AND EMERGENCY CONTACT FORM.

*** FOR EVP USE ONLY ***

Application Received: Date _____ By _____ Reviewed: Date _____ By _____

Comments:

Response sent: Date _____ By _____