

6. Are there any medical/psychological conditions that might affect your service? (Your response will be kept confidential and will not exclude you from consideration for IVC.)*

7. Are there any limitations or preferences regarding travel to and from volunteer sites or IVC events? (i.e., prefer certain geographical locations; can't drive at night; etc.)

8. Do you require any special accommodations that the coordinator of volunteers should be aware of?

Yes No If yes, please describe: _____

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize IVC to contact the references named below with regard to my application to become an IVC volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

Primary Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Alternate Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

☐ In the event of an emergency or safety concern IVC or my service site supervisor may contact the above.



Volunteer Application

Please return to: Monica Meagher,
2527A N. Frederick Ave, Milwaukee, WI 53211

General Information:

Name: _____

Address: _____

/ __ / Home Phone: _____ / __ / Work Phone: _____

/ __ / Cell Phone: _____

/ __ / Email: _____

When is the best time to reach you? _____

* Please check which of the above is your preferred means for contacting you.

Date of Birth _____

How did you first learn of IVC? _____

What is your religion or faith tradition? _____

Have you attended any Jesuit institutions? Please list:

Have you had any exposure to Ignatian Spirituality (reading, retreats, etc.)? _____

References:

Please list two references who we may contact. Both should be able to assess your general character and suitability for IVC. One should be able to reflect on your work or community experience, and the other on your spiritual motivation.

Work/Community Reference: _____

Phone/Email: _____

Spiritual Reference: _____

Phone/Email: _____

Education/Work Experience/Volunteer Experience

1. Please describe your education, areas of concentration, degrees, vocational training, or licenses you may have acquired.

2. What is your work status? Retired working part time/semi-retired working full time

3. Please describe your work experience, places of employment, what type of work you did, special training you received. (if you have a resume, please attach)

4. Please list any organization in which you have volunteered and describe the work or service you provided.

Are you currently volunteering? Yes No

If yes, in what organizations?

Volunteer Questionnaire:

1. What interests or attracts you about the Ignatian Volunteer Corps?

2. What strengths do you bring to IVC?

3. What types of volunteer work are you interested in doing with IVC?

4. What skills do you have that you might like to use as an IVC volunteer? Feel free to include hobbies, domestic talents, languages, artistic, musical, or athletic abilities.

5. Do you have any objections or concerns about working with people of cultures other than you own?