
FBAMC SUMMER INTERNSHIP VOLUNTEER APPLICATION PROCESS

Requirements, Volunteers must:

- Be at least 21 years old.
- Be in good medical and psychological health, as assessed by a medical doctor.
- Be committed to a life of Catholic spiritual discipline that includes daily mass.
- Be willing to live simply in communal family style living with diverse people.
- Be open and flexible in service to meet the needs of the FBAMC.
- Complete the Virtus Training and keep it up to date.
- Clear a criminal background check.
- Valid driver's license and insurable by the Diocese of Lexington.
- Needed skills for specific volunteer positions.

Application Process

- FBAMC considers the application process a time of discernment for both the potential volunteer and the organization. Therefore, applicants are encouraged to submit themselves and their application to God in faithful prayer.
- Complete and return your application along with your internship requirements to the Volunteer Coordinator, FBAMC, 332 Riverbend Road, Louisa, KY 41230.
- Applicant must forward the Reference Form (pages 10 & 11 of application package) to your 3 references and have them return the completed referrals to the Volunteer Coordinator, FBAMC, 332 Riverbend Road, Louisa, KY 41230 within 2 weeks.
- Upon receiving your completed application, internship requirements, AND your 3 completed references along with your criminal clearance and Virtus Training (or other like child protection training) verification, your paperwork will be reviewed and a phone interview scheduled with the Director of Operations and the Volunteer Coordinator.
- A determination to continue the interview process will be made and you will be contacted with the outcome. Should you decide at any time not to continue this process please notify us.
- If the process continues, we would ask you to come for a weekend to get a tour of the mission center and the area to aid in both of our discernment processes. We will provide you with housing during this weekend.
- After this weekend, a decision will be made. You may be denied as a Summer Internship Volunteer, or you may be invited to be a Summer Internship Volunteer at which time final arrangement will be made.
- Once accepted Summer Internship Volunteer benefits will include a medical package, housing, vehicle and insurance (if you are eligible for our insurance), \$100 stipend per month, and \$200 food allowance per month.



332 Riverbend Road
Louisa, KY 41230
606-638-0219

volunteer@fatherbeiting.org
www.fbamc-ky.org

APPLICATION FOR SUMMER INTERNSHIP VOLUNTEER SERVICE
(PLEASE PRINT OR TYPE)

Name _____
(Last) (First) (Middle)

Male Female DOB _____ Age _____ SSN _____

Marital Status: Married Single Widowed Divorced Separated

Number & ages of dependents: _____

Mailing Address:

Street _____

City _____ State _____ Zip Code _____

E-mail _____ Face Book Account _____

Phone Number: Home (____) _____ Cell (____) _____ Other (____) _____

Religious Affiliation: _____ Current Parish: _____

Pastor: _____ Diocese: _____

Address: _____

Who or what organization referred you to FBAMC? _____

Have you been a FBAMC volunteer before? Yes No

If yes, When? _____ What did you do? _____

Do you have a valid driver's license? Yes No Are you bringing a personal car? Yes No

If yes, driver's license number _____ State of issue _____

If no, reason why? _____

Are you a high risk to insure? Yes No If yes, explain _____

Have you ever been convicted of a crime? Yes No If yes, for what? _____

When? _____ Where? _____

Are you involved in any legal actions at this time? Yes No

If yes, describe. _____

Approximate Starting Date ____/____/____ thru ____/____/____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____

EDUCATION AND TRAINING:

Date of Virtus Training (or a like diocese child protection training) _____
(please attach verification/certificate)

Begin with most recent, list all schools attended, including vocational/trade schools, etc.

Name of School	City & State of School	Years Completed	Date Graduated	Degree, Certificate or Diploma Earned

Subjects of special study in or beyond schooling? _____

Please list organizations and programs in which you have participated.

Organization/Program	Dates: From/To	Your Role

Do you play any musical instruments? Yes No

If so, what instrument(s)? _____

Are you currently involved in Music ministry? How? _____

List some of your other leisure activities.

EMPLOYMENT: List below your last four employers, starting with the last one first

Date (mo. / yr.)	Name, Address & Telephone No. of Employer	Reason for leaving	Duties and Responsibilities
	() Area code		
	() Area code		
	() Area code		
	() Area Code		

Are you presently unemployed? Yes No

If so, for what reason? _____

Share your understanding of the culture and people of Appalachia? _____

List any other experiences, talents, and hobbies that you consider useful and valuable to FBAMC activities. _____

Describe your volunteer experiences. _____

MEDICAL INFORMATION: (Use a separate page as needed)

List any medical or mental health diagnoses that you have or have been treated for:

Are you currently pregnant or have you been advised in the last year that hospitalization, surgery or treatment is needed/recommended/pending? Yes No

If yes, please explain: _____

Have you ever had professional treatment for emotional or mental disturbances?

Yes No If yes, please explain: _____

Have you used street drugs or abused prescription drugs in the last 4 years? Yes No

Have you ever been treated for substance abuse? Yes No

If yes to either, please list where, when, program completion status, substance, and current recovery program: _____

Have you been diagnosed with dementia of any kind? Yes No

If yes, please explain: _____

Please note the following:

Childhood diseases: _____

Other diseases/surgeries/hospitalization within the past 4 years (include dates):

Allergies: _____

Medications: (both prescription and non-prescription drugs, include amount, reason, & limitation it may cause) _____

Do you have any special dietary needs? Yes No

Do you have any eating disorders? Yes No

If yes to either, please explain: _____

SOCIAL AND SPIRITUAL: (Use a separate page as needed)

1. Describe your spiritual journey that leads you to the FBAMC.
2. Discuss what volunteering means to your life.
3. Discuss your life plans and plans after volunteering.
4. Living simply, daily mass, sharing faith, and sacrifice are components of volunteering. Discuss what this transition from your current lifestyle will look like and how you will manage changes.
5. Describe your family background and your relationships with each other. (Parents, siblings, religious affiliation & practice, marital statuses, children, etc)
6. Discuss your current problems and how they impact your daily life.

REFERENCES:

Please send the reference form to the following three sources and have them returned to FBAMC, 332 Riverbend Road, Louisa, KY 41230, Attn: Volunteer Coordinator

1. A close friend who can give concrete examples about your personality.

Name _____ Phone _____ Relationship _____

2. A teacher, employer or supervisor who has known you in a professional capacity.

Name _____ Phone _____ Relationship _____

3. Someone who is familiar with your spiritual life (such as priest/minister).

Name _____ Phone _____ Relationship _____

Although this application places no obligation either on you or on FBAMC, it does indicate a serious intention on your part to volunteer your services to FBAMC Volunteer Program. Should you decide to withdraw your application for volunteer service, please notify us.

Volunteer Applicant Signature

Date

Send to: **Fr. Beiting Appalachian Mission Center, 332 Riverbend Road, Louisa, KY 41230,**
Fax: (606) 638-0220 E-mail: volunteer@fatherbeiting.org



SELF-REFERENCE FORM

Volunteer Applicant's Name _____ Date_____

To the Applicant: The Fr. Beiting Appalachian Mission Center seeks mature, well balanced, and spiritually motivated men and women to work with people through the programs of Fr. Beiting Appalachian Mission Center. The volunteers live in simple lifestyle communities with other volunteers. We would like you to help us to get to know you better as we look for a match with service and lifestyle Fr. Beiting Appalachian Mission Center offers. A candid and honest evaluation is a vital part of our placement process. Please, return this along with your Application for Volunteer Service.

1. Describe your strengths in behavior, emotional maturity, impressions made on others, etc.
2. No person is without growth areas. What areas are you striving to improve in your personal and/or work life?
3. How do you accomplish assigned tasks (persistence, initiative, resourcefulness, self-reliance)?
4. Describe how you react to problems
5. How do you make decisions?
6. Community living is family style living with persons of diverse backgrounds, ages, and experiences. How do you see yourself adapting?

7. For what type of work are you best suited? Be specific.

8. Describe your prayer life.

9. Are there any personal obligations or situations that would interfere with completing your service commitment to FBAMC? No Yes (if yes, please explain)

Additional comments:

Check the box which you feel best describes you:

Characteristics	Super	Good	Avg	Subavg	Poor	Comments
Sense of Humor						
Maturity						
Emotional Stability						
Ability to get along with others						
Common Sense						
Dependability						
Tact in dealing w/ others						
Initiative						
Flexibility						
Creativity						
Ability to express feelings						
Ability to work alone						
Openness to direction in activities						
Serving under stress						
Seeks integration of Christian faith in own life						
Openness to different expressions of faith						
Empathy						

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REFERENCE FORM

Volunteer Applicant's Name _____ Date _____

I hereby waive the right to review this form once submitted to the FBAMC.

Volunteer Applicant's Signature _____

The above person has applied to be a volunteer in our organization, which provides human services to the people in the Appalachian area of Eastern Kentucky. If accepted, this person would live in a Christian community with other men and women of various ages and educational backgrounds, and serve in one or more human service programs operated by the FBAMC. The applicant has given your name as a reference and we look to you to help us ascertain his/her suitability for the work as well as living within a volunteer community house. We greatly appreciate your assistance. Please return this form within two weeks so that the applicant's process will not be delayed.

1. What is your relationship with the applicant, and how long have you known him/her?
2. Describe this person's strengths in behavior, maturity, relationships with others, and general personality.
3. No person is without weak points. What are some potential areas of difficulty for the applicant in the FBAMC Volunteer Program?
4. How well does the applicant accomplish assigned tasks (i.e. energy, persistence, initiative, resourcefulness, self-reliance, organization)?
5. Describe the applicant's reactions to stress, problems, and ability to make decisions.

Check the box which you feel best describes the applicant:

Characteristics	Super	Good	Avg	Subavg	Poor	Comments
Sense of Humor						
Maturity						
Emotional Stability						
Ability to get along with others						
Common Sense						
Dependability						
Tact in dealing w/ others						
Initiative						
Flexibility						
Creativity						
Ability to express feelings						
Ability to work alone						
Openness to direction in activities						
Serving under stress						
Seeks integration of Christian faith in own life						
Openness to different expressions of faith						
Empathy						

Overall, how would you rate this applicant?

1. ___ Very Weak, should be discouraged
2. ___ Might be OK with some reservations
3. ___ Recommend, no strong feelings
4. ___ Good, better than many
5. ___ Very good, no reservations at all
6. ___ Exceptional, a really rare find

I request the above information about the applicant be (please check)
 ___ kept CONFIDENTIAL from the candidate
 ___ made available to the candidate if requested

 Printed name and Signature of Reference

 Date

 Phone Number

 Occupation

Send to: **Fr. Beiting Appalachian Mission Center, 332 Riverbend Road, Louisa, KY 41230,**
Fax: (606) 638-0220 E-mail: volunteer@fatherbeiting.org



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Volunteer Contract, Photo Release, Hold Harmless Agreement

To share in the ministry of Christ is a great privilege as well as a tremendous responsibility. The privilege is the joy of sharing in the mission of Jesus Himself. The responsibility is acting in a way that conforms to the attitude and actions of Christ. While at the Father Beiting Appalachian Mission Center (FBAMC), I am expected to represent the Church in a faithful and loving way, supporting the teachings, disciplines and traditions of the Church. I will exhibit the highest ethical standards and personal integrity in my day-to-day work. I will foster the dignity of each person and be committed to the best interest of others. I will cooperate with the schedule and needs presented by the FBAMC.

I dedicate myself to be an active participant in this time of service, prayer, and community. I will comply with the requests of leadership and be flexible with what is asked of me. I will work and complete tasks as they are assigned to me to the best of my ability.

I will treat everyone (other volunteers, employees, clients and community members) with respect, loyalty, patience, integrity, courtesy, dignity and consideration.

I pledge to help create a safe environment for children while I am volunteering for FBAMC.

I agree to abide by a code of chaste sexual behavior while staying on the property and working for the FBAMC.

I will not bring or use fireworks, firearms, and weapons of any kind as they are not permitted. I understand that drug use will not be tolerated, there is no smoking in volunteer quarters or at the FBAMC, and minors are not permitted to smoke.

I agree to exercise prudent judgment regarding the consumption of alcohol while staying on the property and working for the Mission Center, remaining sensitive to the struggles others may have with substance abuse.

I grant the FBAMC permission to use my likeness in photograph(s)/video and interview/written contributions in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the FBAMC, in perpetuity, and for other use by the Diocese of Lexington. I will make no monetary or other claim against the FBAMC for the use of the interview/written and/or the photograph(s)/video.

I hereby waive, release, and discharge any claims, actions, or causes of action for any damages, personal injury, accident, illness, or death which I may have, or which may subsequently accrue, as a result of participation in volunteer activities. I hereby agree to fully assume any and all risk of harm, injury, or death which may occur during the volunteer activities, and to release and hold harmless FBAMC, the Diocese of Lexington, their officers, agents, FBAMC volunteers, and employees from any claims, actions, or causes of action as set forth above.

I understand that I am volunteering my time and labor. I acknowledge and understand that as a volunteer, I am not eligible for any wages or other benefits of employment, such as workers' compensation insurance, and I fully waive any claim for same for any work or activity I contribute during the volunteer activities. I understand that I am responsible for all medical bills if injured while performing volunteer work. If injured or an emergency, I will be taken to the nearest adequate medical facility. It is also understood and agreed that this waiver, release and assumption of risk is binding on my heirs, successors, and assigns. This has been executed voluntarily and with full knowledge of its significance.

Furthermore, I understand that I will be asked to leave if unable to abide by these terms and conditions.

Participant information

Name: _____
Address: _____
City, State, Zip code: _____
Telephone: _____

Medical information in case of an emergency

Medical Insurance: _____
ID number: _____
Doctor: _____
Phone Number: _____

List of allergies, medication(s), contacts, or other pertinent comments:

I confirm that I have read this contract, understand all of its terms and conditions, and agree to them by signing below.

Participant Signature: _____

Printed Name: _____

Date: _____



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VOLUNTEER PROGRAM BACKGROUND CHECK

This is to certify that I, _____, give the Father Beiting Appalachian Mission Center permission to perform a criminal background check. I also authorize the FBAMC to access and obtain my driving record.

Date of Birth: _____

My Social Security Number is _____

My Driver License Number is _____ State of Issue _____

Current Home Address: _____

List any other residential addresses for the last 7 years. Do not leave gaps. Attach another sheet of paper if necessary:

Signature

Date