



APPLICATION TO
BENEDICTINE MINISTRY INTERN PROGRAM

Completion of this form indicates a desire to apply for an internship with the Benedictine Sisters of Erie. Designed to address corporate governance and Benedictine hospitality values, information collected in this form will be treated in a confidential, respectful manner and used for the sole purpose of assessing an applicant's suitability for the program at this time.

Directions: Please complete all sections of this application. If additional information is required in any section, please attach pages as necessary. If any question is not applicable, enter 'N/A'.

A. CONTACT INFORMATION

FULL NAME			
PREVIOUS NAME(S) (if applicable)			
HOME ADDRESS	POSTAL ADDRESS (if different than home address)		
HOME PHONE NUMBER (with area code)	CELL PHONE NUMBER (with area code)		
PRIMARY EMAIL ADDRESS	SECONDARY EMAIL ADDRESS (if applicable)		

B. IDENTIFYING INFORMATION

DATE OF BIRTH		
DRIVER'S LICENSE	License Number:	Date of Issue:
	State/Country of Issue:	Date of Expiration:
CRIMINAL HISTORY	Have you ever been convicted of a felony or incarcerated in a correctional institution? YES / NO (If yes, provide details below or attach with application.)	

C. FAMILY INFORMATION

CAREGIVER INFORMATION	Are you primarily responsible for the care and/or welfare of another person, or likely to be in the near future? YES / NO (If yes, provide details below or attach with application.)
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D. HEALTH AND HOSPITALITY

PRIMARY CARE PROVIDER	Name: Address: Phone:	
HEALTH STATUS	What is the general condition of your health?	In the last 2 years, approximately how many days per year were you unable to work due to illness?

	Are you receiving, or have recently received, treatment for any major illness? YES / NO	List any health-related concerns you have that will require treatment during your internship.		
DIETARY NEEDS/ RESTRICTIONS	List any dietary needs and/or restrictions that would require accommodation during your internship.			
ADDICTIONS	Have you had, or presently have, any additions in the following areas? (Note: Such addictions would need to be discontinued prior to the start of an internship.)			
		Present Addiction? YES / NO	Prior Addiction? YES / NO	If prior, year discontinued?
	Drugs (Specify)			
	Alcohol (Specify)			
	Tobacco (Specify)			
	Other (Specify)			
	If yes for any of these, have you ever entered into a recovery program, or are you currently in one?			

E. EDUCATION HISTORY

HIGH SCHOOL	Name and Location of School:	
	Year of gradation:	
COLLEGE/ UNIVERSITY	Name and Location of School:	Degrees Conferred [List Name, Year, and Major(s)]:

ADVANCED DEGREES	Name and Location of School:	Degrees Conferred [List Name, Year, and Major(s)]:
OTHER EDUCATION	Name and Location of School:	Degree/Certification/Area of Study:
Are you currently studying, or intend to enroll in formal study, in the near future? YES / NO (If yes, provide details below.)		

F. EMPLOYMENT HISTORY

List your places of employment, beginning with your current (or most recent) position. Use additional paper as necessary, or you may skip this section if you attach a current resume with requested information.		
Dates of Employment	Name of Employer	Role(s) Held

G. FINANCE-RELATED

Are you financially independent? YES / NO	Main Source(s) of Income:

<p>Do you have any outstanding financial debts or commitments (e.g. loans; mortgage; care for family member)? YES / NO If yes, please provide details below, or attach information.</p>	<p>What insurances do you hold (e.g. life/health/other)?</p>
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H. PROGRAM-RELATED

<p>How did you hear about the intern program?</p>
<p>In which ministry would you want to be an intern? Why?</p>
<p>If accepted, how long do you intend to participate in the program?</p> <p>___ Three months ___ Six months ___ Other (Specify/Explain) _____</p>
<p>What are you hoping to learn as a result of participating in the internship program?</p>
<p>Do you have any outstanding questions about the program, or additional information you would like to add regarding your application? List in the space below or attach.</p>

I. REFERENCES

<p>Two references, one professional and one personal, are required for your application to the program. List your reference names and information below. References (not to exceed one page) must be submitted via email or by mail to the monastery. EMAIL: interns@eriebenedictines.org</p>
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PROFESSIONAL	PERSONAL
Name: Address: Phone Number: Email address:	Name: Address: Phone Number: Email address:

APPLICANT'S SIGNATURE

By signing below, I hereby formally express my desire to become a participant in the internship program of the Benedictine Sisters of Erie, and to have information in this application reviewed by the Program Director, Program Committee, and Prioress of the Benedictine Sisters of Erie to assess my potential suitability for acceptance into the Program.

In signing, I also confirm that the information I have provided in this form is true and accurate to the best of my knowledge, and I have not knowingly omitted any key information that may impact my ability to satisfactorily participate in the program.

Applicant's signature: _____

Date: _____

OFFICE USE

Received by: _____ Date: _____

Committee Advice:

Date: _____

Decision: _____ Date: _____