



*Benedictine Sisters of Richardton, Inc.*  
*Sacred Heart Monastery*  
*8969 Highway 10 West*  
*P.O. Box 364*  
*Richardton, ND 58652-0364*  
*phone (701) 974-2121 fax (701) 974-2124*

## **VOLUNTEER APPLICATION**

**Date:** \_\_\_\_\_

### **A. PERSONAL INFORMATION**

**Name:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Driver's License?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Car Insurance?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Health Insurance?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **Company:** \_\_\_\_\_

**In case of an emergency, notify:** \_\_\_\_\_

### **B. EDUCATION/TRAINING**

**Highest Level of Education:** \_\_\_\_\_

**Field of Study:** \_\_\_\_\_

**Special Interest/Hobbies:** \_\_\_\_\_

**Other areas of expertise you have that you like to offer:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **C. WORK EXPERIENCE:**

**What salaried or volunteer work experience have you had? If more space is needed use back of this sheet or a separate sheet.**

\_\_\_\_\_  
\_\_\_\_\_

Using the attached brochure specifying the needs at SHM, which areas of need appeal to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you flexible to assist in other areas that may be needed? \_\_\_\_ Yes \_\_\_\_ No  
Explain \_\_\_\_\_  
\_\_\_\_\_

When could you begin volunteering at SHM? \_\_\_\_\_ For how long? \_\_\_\_\_

**D. EXPECTATIONS:**

What are your expectations/hopes you would have as a volunteer at SHM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. SPECIAL NEEDS**

Do you have any special needs? (We do not offer special diets.)

\_\_\_\_\_

**F. REFERENCES:**

Please list two persons whom we may contact for a reference.

Name	Address	Phone
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1). \_\_\_\_\_

2). \_\_\_\_\_

**G. AUTOBIOGRAPHY: Please submit an autobiography of one or two pages.**

Please send this Volunteer Application to:

Sacred Heart Monastery  
C/O Volunteer Coordinator  
P.O. Box 364  
Richardton, ND 58652