



GSV International Application Packet

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Please mail, fax, or email application materials to:

Good Shepherd Volunteers

25-30 21st Ave.

Astoria, NY 11105

Phone: 718-943-7488

Fax: 718-777-1928

Email: gsv@gsvolunteers.org

Application Introduction

Greetings! Thank you for applying to GSV; we look forward to getting to know you. Please keep in mind that you can contact us with any questions you may have about this process; we are always happy to talk with you! Call us at **718-943-7488** or email gsv@gsvolunteers.org. As you complete your application, here are a few things to note:

- The **priority application deadline for GSV International is February 1' and the final application deadline is April 1**. After that date, please contact us to inquire about possible openings.
- Please read the **GSV International Handbook**, available at www.gsvolunteers.org to familiarize yourself with the program and expectations.
- A completed application packet includes:
 - **General application form (attached)**
 - **Self-reference form (attached)**
 - **Reference form (attached; to be completed by 5 references)**
 - **Physical Examination Report (attached; to be completed by your physician)**
 - **Resume**
 - **Undergraduate/Graduate college transcripts**
- For all responses, **help us get to know you** as much as possible! Please be as specific as you can in your responses; feel free to use the backs of/additional pages if you need more space. If possible, download the application, save it as a Microsoft Word file, and email it once it is completed.
- **AT LEAST** one of your 5 reference forms must be completed by a former employer. Please give the other references to a broad range of people who know you well (i.e. supervisors, co-workers, professors, counselors, roommates, mentors, campus ministers, **not family members or casual friends**). Please be sure to complete the waiver at the top of each reference form, and then ask your references to **promptly** send the completed form directly to GSV.
- Have your physician complete and return the Physical Examination Report to the GSV office.
- Please do not wait to send all of your application materials together; send in each part of the packet as you complete it.
- Although this application places no real obligation on either you or the Good Shepherd Volunteers, it indicates a serious intention on your part to join GSV. Should you decide to withdraw your application, please notify us immediately.



GSV International Application Form

I. General Information

Full Name Today's Date

Current Address

City, State, Zip Here until

Phone

Email Address

Permanent Address

City, State, Zip

Phone

Date of Birth

In case of Emergency, please contact:

Name Name

Address Address

City, State Zip City, State, Zip

Phone Phone

Relationship Relationship

II. Family Background

Mother's Name

Father's Name

Address

Address

City, State Zip

City, State, Zip

Phone

Phone

Occupation

Occupation

Names and Ages of Brothers and Sisters:

Are there any family, personal, or financial obligations that might inhibit you from offering a full term of service with GSV International? Please explain:

III. Resume

Please attach a Resume with the following information (include dates):

1. Education: list schools you have attended. Include study abroad if applicable.
2. Professional: list paid jobs you have held.
3. Programs/Extra-Curricular: list organizations, volunteer efforts, or programs in which you have participated. Include any training you received.

IV. Experiences, Skills, and Interests

1. What are your favorite periodicals, books, music, and/or movies?

2. What types of recreational activities, sports, or hobbies do you enjoy?

3. Do you have experience with any language besides Spanish?

If so, what language(s) and what level of ability?

Spanish Ability:	Understand	Speak	Read	Write
Basic				
Conversational				
Proficient				

4. List any other experiences, talents, and hobbies that may be useful to GSV.

5. How did you hear about GSV originally?

Response Connections Service/Career Fair Brochure CVN website

College (specify what office, department, or network):

Website (specify):

Other (specify):

6. Have you applied to any other volunteer organizations or employment opportunities?

If yes, please list the other organizations and your present status with them.

V. Medical Information (to be completed by the applicant)

Medical History (please indicate if you have ever had any of the following conditions, and include dates)

- | | |
|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart disease / Circulatory problems |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma, emphysema, bronchitis | <input type="checkbox"/> Kidney stones / cysts / failure |
| <input type="checkbox"/> Gall bladder | <input type="checkbox"/> Hepatitis or liver problems |
| <input type="checkbox"/> Depression / nervous problem | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Drug or Alcohol problems | <input type="checkbox"/> Cancer (specify _____) |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Arthritis or gout | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anemia / Blood diseases | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> HIV / AIDS / STDs |

Other (specify):

Allergies (specify):

Please add any additional comments on the above conditions listed:

What prescription medication do you currently take?

Do you ever modify your activities because of health or disability? Please explain.

Are there any special medical conditions that might affect your service? (Specify any disabilities, chronic illness, special medications, physical limitations, allergies, restrictions, etc.)

Accidents:

Did you ever have any serious accidents and/or have you been hospitalized? Please explain.

What effects of the accident(s) persist?

Please list surgical operations and dates:

Counseling/Therapy:

Please indicate any counseling or therapy you have received and how it impacted you.

Please ask your most recent counselor/therapist to fill out one of your references.

Therapist Name(s):

Phone:

Address:

Psychiatric History:

Do you have any history of emotional/psychological difficulties? Please specify.

Have you ever been (or are you currently) under psychiatric care? Have you taken (or do you currently take) related medication?

VI. Personal Hopes and Goals

The following information is to help determine placement and allow GSV to understand your interest in service work more fully. Your answers should be 1-3 paragraphs long for each question. There is no right or wrong answer. **Please avoid vague responses, and provide concrete examples whenever possible.** Remember, we want to get to know you as much as possible! Please type your answers on separate numbered pages, and include the corresponding question with each response.

- 1) GSV's Mission Statement is, *"Good Shepherd Volunteers collaborates with the Sisters of the Good Shepherd to provide full-time volunteers with the opportunity to work in social service ministries and to use their God-given talents serving women, adolescents, and children affected by poverty, violence, and neglect. Developing relationships with the marginalized of our world empowers volunteers to grow in knowledge and faith that inspire them to lead a life of seeking justice."* How do your personal beliefs and values relate to the mission of GSV? What are your motivations and expectations for becoming a Good Shepherd Volunteer?
- 2) What is your understanding of social justice and in what ways have you participated in works or causes for justice?
- 3) GSV members live together in pairs in an intentional community setting, in which they share meals, discussions, and support. What previous shared living experiences (roommates, shared housing, intentional community, etc) have you had? What did you find challenging, and what did you find rewarding?
- 4) What does living simply mean to you? What kind of experience do you have in living simply?
- 5) What role, if any, does spirituality play in your life?
- 6) Which of GSV's four tenets do you feel most drawn to right now, and why?
- 7) Describe a recent situation in which you experienced stress or conflict within a relationship. How did you handle the situation? How might you have handled the situation differently? What did you learn?
- 8) Have you observed or experienced any form of abuse, violence or trauma? How have you dealt/coped with this? Do you have any thoughts on how your exposure to women, adolescents, and/or children affected by poverty, violence and neglect in GSV might affect you emotionally or psychologically?

- 9) Participating in GSV will encompass the assessment of your readiness and self-awareness of your strengths and limitations. How open are you to this assessment aspect of the program?

- 10) GSV International has a fundraising component. GSV asks international volunteers to reach a fundraising goal of \$4,000 (there is a requirement to raise *at least* \$2000 in order to serve). What are your thoughts on your willingness and ability to fundraise this amount?

VII. Autobiographical Statement

Please compose a brief autobiography (1-2 pages) and include information on the following:

- Describe your past and current relationship with your family. What is one challenge that you and your family have faced, and how have you responded?

- Pick one or two experiences in your childhood and/or adolescence that helped shape you into the person you are today. They could be related to your family, community, peers, school, or other experience.

VIII. References

Please list your five references below.

1. Name:

Phone:

Email:

Relationship to you:

2. Name:

Phone:

Email:

Relationship to you:

3. Name:

Phone:

Email:

Relationship to you:

4. Name:

Phone:

Email:

Relationship to applicant:

5. Name:

Phone:

Email:

Relationship to you:



GSV Int'l Self-Reference Form

This self-reference form will help us to know you better as we consider your application and placement with GSV International. When possible, use specific examples or scenarios in the answers. Please include this form with your completed application.

What personal strengths and abilities will enable you to function effectively in an international setting?

What do you identify as personal limitations or areas of improvement as you anticipate being in an international setting? What will be the most difficult adjustments for you?

Evaluate your ability to live and work with others. What can you bring to these situations? What qualities may help or hinder you?

For what type(s) of work would you best be suited? What skills do you have for this work?

Please circle the number that best describes the applicant in the following areas. Please add any additional comments.

1=Superior 2=Good 3=Average 4=Below Average 5=Poor

Characteristics						Comments
Personal health	1	2	3	4	5	
Self-confidence	1	2	3	4	5	
Sense of humor	1	2	3	4	5	
Maturity	1	2	3	4	5	
Ability to get along w/others	1	2	3	4	5	
Emotional stability	1	2	3	4	5	
Common sense	1	2	3	4	5	
Dependability	1	2	3	4	5	
Sensitivity to others	1	2	3	4	5	
Tact in dealing w/others	1	2	3	4	5	
Ability to make decisions	1	2	3	4	5	
Initiative	1	2	3	4	5	
Flexibility	1	2	3	4	5	
Willingness to accept criticism	1	2	3	4	5	
Ability to relinquish control	1	2	3	4	5	
Creativity	1	2	3	4	5	
Effective use of time	1	2	3	4	5	
Ability to express feelings	1	2	3	4	5	
Ability to work w/others	1	2	3	4	5	
Ability to work alone	1	2	3	4	5	
Ability to accept supervision	1	2	3	4	5	
Leadership ability	1	2	3	4	5	
Ability to work under pressure	1	2	3	4	5	
Desire to live in intentional community	1	2	3	4	5	
Ability to adapt to new, unstructured or ambiguous situations	1	2	3	4	5	
Focus on spiritual development	1	2	3	4	5	
Ability to live with simple amenities	1	2	3	4	5	

If you could describe yourself in three words, what would they be?

Overall, how highly would you recommend yourself?

_____low, I am unsure of how I would fit with this program

_____average, no strong feelings

_____good, I would do well

_____exceptional, I am a great fit for this program

Please make any other comments that you would like to share with us.

Signature (*electronic signature acceptable*) _____ Date _____

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GSV Int'l Reference Form

Applicant's Name:

Reference's Name:

Relationship to Applicant:

To the Applicant: Please indicate your preference.

I waive my right to access to this reference form.

I do not waive my right to access to this reference form.

Applicant's Signature _____ ***Date*** _____

To the person completing this form:

Good Shepherd Volunteers provides full-time volunteers with the opportunity to use their God-given talents to serve women, adolescents, and children affected by poverty, violence, and neglect. GSV has placements in a variety of fields: domestic violence, fair trade, economic justice, youth counseling, foster care, after-school programs, and education. GSV is a one-year commitment that encompasses working in these ministries and living in a community setting with other volunteers.

Please help us get to know the applicant by giving candid comments. Feel free to omit any questions that you are not prepared to answer. No applicant will be rejected on the basis of a single reference. Please type or write all responses in black ink. Please return this reference form as soon as possible so that the candidate's application will not be delayed. Thank you for your cooperation.

How long, how well, and in what capacity have you known the applicant?

Please circle the number that best describes the applicant in the following areas. Please add any additional comments.

1=Superior 2=Good 3=Average 4=Below Average 5=Poor

Characteristics						Comments
Health, stamina	1	2	3	4	5	
Self confidence	1	2	3	4	5	
Sense of humor	1	2	3	4	5	
Maturity	1	2	3	4	5	
Ability to get along w/others	1	2	3	4	5	
Emotional stability	1	2	3	4	5	
Common sense	1	2	3	4	5	
Dependability	1	2	3	4	5	
Sensitivity to others	1	2	3	4	5	
Tact in dealing w/others	1	2	3	4	5	
Ability to make decisions	1	2	3	4	5	
Initiative	1	2	3	4	5	
Flexibility	1	2	3	4	5	
Willingness to accept criticism	1	2	3	4	5	
Ability to relinquish control	1	2	3	4	5	
Creativity	1	2	3	4	5	
Effective use of time	1	2	3	4	5	
Ability to express feelings	1	2	3	4	5	
Ability to work w/others	1	2	3	4	5	
Ability to work alone	1	2	3	4	5	
Ability to accept supervision	1	2	3	4	5	
Leadership ability	1	2	3	4	5	
Ability to work under pressure	1	2	3	4	5	
Desire to live in intentional community	1	2	3	4	5	
Ability to adapt to new, ambiguous or unstructured situations	1	2	3	4	5	
Focus on spiritual development	1	2	3	4	5	

Short Answers

NOTE: You may either write your responses here, or write a separate letter of reference and attach it to this form.

Please share your understanding about what has motivated this applicant to serve internationally.

Give a brief, accurate description of the applicant. Please include strengths AND areas of improvement and how they will affect this person's capabilities to serve internationally.

Evaluate the applicant's ability to live and/or work with others. Can you share any concrete examples? What qualities might help or hinder the applicant?

For what type(s) of work is the applicant best suited?

Overall, how highly would you recommend the applicant?

_____ low, applicant should be discouraged

_____ average, no strong feelings

_____ good, applicant would do well

_____ exceptional, applicant is a great fit for this program

List three adjectives that best describe the applicant.

Signature _____ Date _____

Email:

Phone:

Address:

Please send via mail, fax, or email to:

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Physical Examination Report

To be completed by physician. Please type or print.

Name of Applicant _____

Height _____ Weight _____

Remarks _____

Hearing _____ Hearing aid necessary? _____

Vision: Right _____ Left _____ With correction: Right _____ Left _____

Mouth: Teeth _____ Date of last dental examination _____

Urinalysis _____

DT Booster (within 5 years) Date given _____

Tuberculin Skin Test within six months of date of this exam (circle test done)

Tine Test, PPD, Mantoux, Other _____

Results _____ Date _____

Circle any abnormality:

Eyes Ears Nose Throat Sinuses Thyroid Chest Breasts Heart Lungs

Abdomen Lymph Nodes Reflexes Back

Explanatory Remarks: _____

Any allergies, dietary restrictions? _____

Indicate any medications taken including recurrent non-prescriptive: _____

Any significant past medical problems? _____

Disabilities? _____

Any present medical problems? _____

Disabilities? _____

Explain any history of alcohol or drug abuse: _____

Are there any reasons why this person could not participate in the work of the Good Shepherd Volunteers or would have to modify his/her activities?

Are you the applicant's regular physician? _____
For how long? _____

Signature _____
(Please use name stamp or include RX with your signature).

Address _____

City State Zip

Telephone _____

E-Mail _____

Please mail or fax to:

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