



# Cabrini Mission Corps Preliminary Application Form

[www.cabrini-missioncorps.org](http://www.cabrini-missioncorps.org)

Thank you for your interest in Cabrini Mission Corps. The following preliminary form will help us respond to your inquiry. We will review this form before sending you an application packet. Please complete all boxes and print legibly. *Thank You.*

Use a blue or black pen and shade circles like this ---> ● Not like this --> ⊗ ⊙

## Section 1 - Please tell us about yourself

Name

Current Address

Apt. No.

City

State

Zip Code

-

Country

Permanent address if different than above

Apt. No.

City

State

Zip Code

-

Country

Your Age

Date of Birth

Gender

Female

Male

Marital Status

Single

Married

Number of Dependents  
(not including yourself)

Your Dependent'(s) Age(s)

Religious Denomination

US Citizenship

Yes

No

Current Phone Number

Permanent Phone Number if different from above

Your Email Address

## Section 2 - Please tell us about your education

1. Did you graduate from high school or earn a GED?

Yes  No

2. Education after high school:

College/University

Yes  No

Technical/Trade

Yes  No

3. Did you receive a degree?

Yes  No

3a. If yes, choose all that apply.

Certificate

Associate's

Doctorate

J.D.

Bachelor's

Master's

M.D./D.O.

Other \_\_\_\_\_

4. Complete the information below for each degree or certificate earned after high school.

4a. Degree/Certificate:

4b. Major Area of Study:

4c. University/School

4d. Dates Attended:

## Section 3 - Please tell us about your work experience

1. Are you currently employed?  Yes  No

2. If yes, list your employer's name, city & state.

3. What is your occupation?

City

State

57187



## Section 4 - Please tell us about your skills and experience

Please answer all questions. If the question is not applicable, enter N/A

1. What is your past volunteer experience? (To list additional information, use the attached sheet)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What is your primary language?  
 \_\_\_\_\_
3. What is your secondary language?  
 \_\_\_\_\_
4. Please rate your secondary language skills?  
 Minimal    Fair    Conversational  
 Very Proficient    Fluent
5. Have you lived 3 months or more in a country where your secondary language is spoken?  
 Yes    No
6. Please describe your training and experience in using your secondary language.  
 \_\_\_\_\_
7. Please list the type of service you want to do?    1. \_\_\_\_\_  
 2. \_\_\_\_\_    3. \_\_\_\_\_
8. Please list your qualifications and experience for this type of service.  
 (To list additional information, use the attached sheet)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Which geographical areas would you prefer to serve? (choose all that apply)  
 New York     Chicago     Philadelphia     Denver, Colorado  
 Africa     Latin America     Philippines     Other \_\_\_\_\_
10. Would you consider other geographical areas?    Yes    No
11. Will you be able to make a commitment for one year in the United States?    Yes    No
12. Will you be able to make a commitment for two years internationally?    Yes    No
13. When would you be available to begin your service?    Month      Year

## Section 5 - Please tell us how you heard about CMC

How did you hear about Cabrini Mission Corps? (choose all that apply & give details)

- |  |   |
|--|---|
| <input type="radio"/> Internet<br>List the URL _____   | <input type="radio"/> Volunteer Fair _____        |
| <input type="radio"/> Internet 2<br>List the URL _____ | <input type="radio"/> Response Directory _____    |
| <input type="radio"/> College Career Office _____      | <input type="radio"/> Connections Directory _____ |
| <input type="radio"/> College Campus Ministry _____    | <input type="radio"/> Other _____                 |

### Please return to:

Cabrini Mission Corps  
 610 King of Prussia Road  
 Radnor, PA 19087-3698  
 Fax: (610)971-0396  
 Email: cmcorps@aol.com

Signature \_\_\_\_\_

Date   /   /



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**Section 4 - Question 1 Additional Information**

Handwriting practice area with 28 horizontal lines.



**Section 4 - Question 8 Additional Information**

Lined area for providing additional information.

