



**Trinity Mission Center
Missionary Cenacle Volunteers**

P.O. Box 35105
Cleveland, Ohio 44135
1-800-272-8850

E-Mail Address: CenacleVolunteer@aol.com

Apply on-line at www.TMC3.org

Summer Mission: Make a Difference!

2008 Mission Locations

- SMI (PA)
- Trinita (CT)
- Jamaica
- Puerto Rico

Please check programs of interest to you

Application Form

Please answer all questions, as fully as possible, and return the completed application to the above address. If you have another address at which we can reach you during the next 12 months, please write it on a separate sheet. Please feel free to use additional paper if necessary. *Thank you!*

PLEASE PRINT CLEARLY.

Name: _____ Male Female

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____ Email _____

Day Telephone: () _____ Evening Telephone: () _____

Date of Birth: ____/____/____ Place of Birth: _____ Soc. Sec. #: _____

1. Please answer the following questions that pertain to you: Are you presently working?

__ Yes __ No If yes, where are you employed and how long have you worked there?

Are you in the military? Yes No

Are you a student? Yes No

If a student, please give the name of the school: _____

Highest grade level completed: _____

What was/is your major? _____

2. What are your hobbies and interests that might contribute to your service? (Check any that apply)

Swimming Baseball Football Arts & Crafts Theater
 Soccer Music Reading Travel Jogging
Martial Arts Languages Photography Other: _____

Do you speak any languages other than English? Yes No If yes, which one(s)

(please rate your proficiency): _____

Have you ever traveled outside the U.S.? Yes No If yes, where?: _____

3. Are you Roman Catholic?

Yes No If not, what is your Religious Affiliation? _____

4. Are you currently involved in ministries at your parish, e.g. lector, eucharistic minister, other church activities, student activities at your college or volunteer organizations that serve the poor or people with special needs?

Yes No If yes,

what? _____

5. How many times do you attend Mass? _____ a week _____ a month _____ a year

Name of your parish

6. Have you ever thought of the priesthood, brotherhood, or sisterhood as an option for yourself?

Yes No

If yes, are you still actively considering it as a possible life choice? Yes No

7. Have you considered long-term volunteering? (9 months - 1 year) Yes No

If yes, would you like to receive information on our long-term program? Yes No

8. Where would you like to volunteer? Please consult and carefully read the Mission Site description form before making your choice. (Please indicate your first, second and third choices)

First choice: _____

Second choice: _____

Third choice: _____

How many weeks would you be interested in volunteering this summer?

When? (Please specify day and month)

What interests you most about your first choice?

9. Where did you hear about the Summer Mission Service Program?

Campus Ministry Career Center A friend
 Volunteer Fair Internet Former Volunteer
 Other (please specify) _____

Do you know someone who has participated in any of our other programs? Yes No
If yes, who?

Do you know someone who is applying to this program? Yes No
If yes, who?

10. Have you ever plead guilty, plead no contest, or been convicted of any criminal charge, even a minor one?

Yes No If yes, please
explain: _____

11. Have you ever been dependent upon drugs or alcohol? Yes No If yes, please explain and state how long you have been in recovery: _____

12. The Missionary Cenacle Volunteers and its affiliate agent the Trinity Mission Center requires the signing of a release form, a criminal background check form, and an emergency medical form. Are you willing to sign these forms?

Yes No

13. On a separate piece of paper, please answer the following in a brief essay: "What are your reasons for wanting to work on mission and what gifts do you bring to the mission? How will your relationship with God benefit you and those around you in this mission experience? (Please add anything else you feel may be relevant.)"

14. Thank you for your time and generosity! As soon as we receive your application, we will send you the rest of the forms which must be filled out (References, background checks, emergency medical forms, etc.).

I hereby certify that all of the above information is true, complete, and accurate.

Applicant's Signature: _____

Date : _____