

## *SSJ Mission Corps*

**SSJ Mission Corps** volunteers live together in an intentional community as they serve in ministries with those who are materially poor. To further an integrated life, volunteers participate in theological reflection, sharing the state of the heart, and retreat experiences—all mentored in the spirit of the **Sisters of Saint Joseph**.

The corps members will serve in a variety of ministries including:

Education  
Advocacy  
Social Services  
Community Organizing  
Parish Ministry

The **SSJ Mission Corps**, for women ages 21-35, is grounded in the values of

Justice  
Spirituality  
Community  
Simple Living

For more information: <http://www.ssjphila.org/volunteers.html>

The **SSJ Mission Corps** is sponsored by the **Sisters of Saint Joseph of Philadelphia** who desire to partner with young women in furthering our mission of active inclusive love. The **SSJ Mission Corps** invites participants to live within a radical, simple, intentional community. The volunteers work with those who are materially poor and are encouraged to participate actively in a church community. Through their experiences, participants will deepen their understanding of and participation in the mission, charism, and spirituality of the **Sisters of Saint Joseph**.



**One Year  
to  
Change a Life**

**SSJ Volunteer Corps**  
**9701 Germantown Avenue**  
**Philadelphia, PA 19118-2694**

How exciting to know that the values of the SSJ Mission Corps capture your attention and heart. Making a difference in our world “one neighbor at a time” will offer you experiences of ministry with the poor, community living, and faith sharing.

Included in this packet are:

- Letter of introduction with explanation of the process
- SSJ Mission Corps Application
- 3 Reference Letter Forms
- Medical Form
- SSJ Mission Corps Brochure

Applications will be considered on a rolling basis. The deadline for 2009 applications is March 19. Please note that all materials can be forwarded on line or mailed directly. Reception of application and references will be acknowledged.

Steps in the application process include:

- initial conversation
- request for application forms
- forms completed and returned to Sister Rose Andrea (deadline: March 19)
- acknowledgement of completed materials
- a personal interview will be scheduled for those continuing in the process
- decision about participation in the SSJ Mission Corps will be personally communicated to the applicant
- contact with potential ministry placements will be initiated

When the above steps are finalized, detailed information regarding arrival, initiation, and orientation in mid-August will be sent. If at any point you wish to withdraw your application, please contact immediately Sister Rose Andrea at 215-248-7239 or [rloughery@ssjphila.org](mailto:rloughery@ssjphila.org).

We look forward to continuing this conversation with you. If you have any questions, please do not hesitate to contact us.

SSJ Mission Corps Committee

# SSJ Mission Corps

## Long Term APPLICATION FORM (Please type or print clearly)

ATTACH YOUR PHOTO HERE

### I. PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Cell)

E-Mail \_\_\_\_\_

Permanent Address (if different)

\_\_\_\_\_

City/State/Zip \_\_\_\_\_ Permanent Phone ( ) \_\_\_\_\_

How long at this address? \_\_\_\_\_ If less than 5 years, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious Denomination \_\_\_\_\_

If Catholic: Parish \_\_\_\_\_

Sex \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Social Security Number \_\_\_/\_\_\_/\_\_\_

Marital Status \_\_\_\_\_ Citizen of \_\_\_\_\_  
Country

Driver License # and State \_\_\_\_\_

Are there any financial, family, or personal obligations or situations that would interfere with your offering a full year of service with the SSJ Mission Corps? \_\_\_\_\_ Please explain.

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**II. HEALTH**

Are there any medical conditions of which we should be aware?  
(State any disabilities, restrictions, chronic illnesses, medications, allergies, etc.)

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**In case of emergency, please contact:**

Name_____	Name_____
Address_____	Address_____
City/State/Zip_____	City/State/Zip_____
Phone ( )_____	Phone ( )_____
Relationship _____	Relationship _____

Do you have any special diet needs? Explain briefly.

Do you suffer from any allergies? If yes, please describe

Are you taking any medication(s)? \_\_\_\_\_ If yes, name the medication(s)\_\_\_\_\_

\_\_\_\_\_and side effects\_\_\_\_\_

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Name the type of health insurance coverage that you have \_\_\_\_\_

Plan \_\_\_\_\_ Number \_\_\_\_\_

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### III. EDUCATION

Please list all schools attended beginning with the most recent:

Name & location of School	Dates	Major/Minor	Degrees or Certificate

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### IV. EXPERIENCES AND INTERESTS

List some of your talents, hobbies, recreation, leisure activities:

_____	_____
_____	_____
_____	_____

Do you play a musical instrument? \_\_\_\_\_ Which one? \_\_\_\_\_

List service organizations and programs in which you have participated, been given training, been a volunteer, or received awards:

Organization/Program	Your role	Dates: From-To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please rank order of your first six preferences in the areas of work in which you are interested:

- |                      |                       |                        |
|----------------------|-----------------------|------------------------|
| ___ Campus Ministry  | ___ Hispanic Ministry | ___ Parish Ministry    |
| ___ Child Care       | ___ Pastoral Work     | ___ Art Studio         |
| ___ Counseling       | ___ Library           | ___ Secretary/Clerical |
| ___ Day Care         | ___ Maintenance       | ___ Social Services    |
| ___ Elderly Outreach | ___ Music Ministry    | ___ Special Education  |
| ___ Group Home       | ___ Teacher           | ___ Youth Ministry     |
| ___ Teacher Aide     | ___ Tutoring          | ___ Other_____         |

Languages other than English (check in appropriate space:  
 U-understand, S-speak R-read, W-write)

	SPANISH				FRENCH				OTHER _____				OTHER _____			
	U	S	R	W	U	S	R	W	U	S	R	W	U	S	R	W
<b>Limited</b>																
<b>Fairly Well</b>																
<b>Fluently</b>																

Have you had any experience with people of nationalities, cultures other than your own?  
 Please explain (Include as completely as you can travel or life overseas, experience in  
 community living, working with migrants, inner-city living and working.)

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**V. WORK EXPERIENCE**

Beginning with your current position, list your last four employers.

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position and Kind of Work \_\_\_\_\_

\_\_\_\_\_



**VI. REFERENCES**

List two recent references (persons must know you for at least three years) to whom you will be sending personal reference forms.

**Include a variety: employers, clergy, religious, friends, co-workers, etc. (do not include relatives) who know you well enough to describe your character and employment record.**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

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**VII. YOUR THOUGHTS**

Answer all questions thoroughly and candidly. Please note that there are not right or wrong answers to these questions. We feel that we need to get to know you in order to make your stay with us a fruitful experience. These questions are one of the ways in which we can become better acquainted with you.

1) Describe your motivation and hopes which are leading you to apply.

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2) SSJ Volunteer Corps volunteers live in community, sharing prayer, liturgy, meals, etc. What are your hopes, expectations and feelings about this? What strengths do you have that will help you in reaching these hopes?

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3) Describe yourself: your spirituality, personality, area of growth this past year.

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4) Describe your three (3) major strengths and your three (3) weaknesses and how these characteristics affect your relationships with others.

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If you have any additional information to share that you feel would be important to be known, please use the space below.

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Although this application places no real obligation either on you or on the SSJ Volunteer Corps, it does indicate a serious intention on your part to join us. Should you decide to withdraw your application, please notify us immediately. Thank you.

I affirm that all of the above answers are truthful.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

***Deadline: March 19<sup>th</sup>, Saint Joseph's Day***

**Send to:**

Rose Andrea Loughery, SSJ  
9701 Germantown Avenue  
Philadelphia, PA 19118-2694

(215) 248-7239  
rloughery@ssjphila.org  
FAX: 215-248-7237

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**Reference form**

Recommendation for: \_\_\_\_\_

Your relationship to the applicant (i.e., teacher, employer, etc.)

\_\_\_\_\_

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

\_\_\_\_\_

If employer please describe the position \_\_\_\_\_

The applicant named above is requesting to be a volunteer with th Sisters of Saint Joseph which includes working with the sisters and living in a congregational house of the Sisters of Saint Joseph.

**Mission Statement**

The SSJ Mission Corps is sponsored by the Sisters of Saint Joseph of Philadelphia who desire to partner with young women in furthering our mission of active inclusive love. The SSJ Mission Corps invites participants to live within a radical, simple, intentional community, work with those who are materially poor, participate actively in a church community, and deepen their understanding of and participation in the mission, charism, and spirituality of the Sisters of St. Joseph.

**Purpose**

This volunteer experience provides a unique opportunity to nurture life for our Congregation and our world.

Qualities needed in the applicant are: willingness and ability to work with and relate to others, a sense of humor, flexibility, and good physical and emotional health.

Using the above information as a context, please respond to the following as specifically as possible:

Please complete the following section by circling the response that best reflects your judgment of the applicant in that area. Jot any comments you feel necessary for clarity.  
 1 = always, 2 = almost always, 3 = sometimes, 4 = seldom, 5 = never,  
 NA = not able to judge

The Applicant...	1	2	3	4	5	NA
1) handles responsibility.	1	2	3	4	5	NA
2) relates to a variety of people.	1	2	3	4	5	NA
3) works well independently.	1	2	3	4	5	NA
4) works well in groups.	1	2	3	4	5	NA
5) adjusts to new situations.	1	2	3	4	5	NA
6) is mature.	1	2	3	4	5	NA
7) is creative.	1	2	3	4	5	NA
8) takes initiative.	1	2	3	4	5	NA
9) is effective in stressful situations.	1	2	3	4	5	NA
10) demonstrates leadership qualities.	1	2	3	4	5	NA
11) is tolerant of others	1	2	3	4	5	NA
12) is approachable.	1	2	3	4	5	NA
13) is honest and trustworthy	1	2	3	4	5	NA
14) is cooperative, reliable, and dependable	1	2	3	4	5	NA
15) communicates well.	1	2	3	4	5	NA
16) understands other people's views.	1	2	3	4	5	NA
17) is fair and consistent.	1	2	3	4	5	NA
18) is emotionally stable.	1	2	3	4	5	NA
19) is assertive.	1	2	3	4	5	NA
20) is confident.	1	2	3	4	5	NA
21) integrates faith in her own life.	1	2	3	4	5	NA
22) is in good physical condition.	1	2	3	4	5	NA

23. What would be the applicant's greatest strength as a volunteer in coming to this program?

24. What would be the applicant's greatest challenge as a volunteer?

25. Overall, how would you rate this applicant?

- \_\_\_very weak; should be discouraged
- \_\_\_might be OK with some reservations
- \_\_\_recommended; no strong feelings
- \_\_\_good; better than many
- \_\_\_very good; no reservation at all
- \_\_\_exceptional; a really rare find

26. If you have any additional information to share that you feel would be important to be known, please use the space below.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

***Please return by March 19<sup>th</sup>, Saint Joseph's Day***

**Mail to:**

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**MEDICAL FORM** – (To be filled in following a physical examination, preferably by a doctor who has been involved with your ongoing comprehensive medical care.)

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The person named above is interested in making a one-year commitment to the SSJ Mission Corps, a faith based service program associated with the Sisters of Saint Joseph. Would you please complete the form below to let us know if there is any medical/health condition, of which we should be aware?*

How long have you been the applicant's regular physician? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

1. Applicant's Date of Birth \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Vision Rt. \_\_\_\_\_ Lt. \_\_\_\_\_ Pulse seated \_\_\_\_\_/min.

2. Does the applicant or applicant's family have a history of the following? (List relationship, give dates and additional information.)

Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Arthritis \_\_\_\_\_  
Drug/Alcohol \_\_\_\_\_ Respiratory Disorders \_\_\_\_\_  
Eating Disorder \_\_\_\_\_ Other \_\_\_\_\_

Circle any abnormalities:

Rectum	Extremities	Lymph Nodes	Reflexes	Back
Genitals	Skin	Eyes	Ears	Throat
Blood Pressure	Chest	Breasts	Heart	
Lungs	Thyroid	Abdomen	Menstrual Cycle	
Other _____				

Explain abnormalities circled

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3. Indication of Personality Deviations?

\_\_\_\_\_

4. List prescribed medications and recurrent non-prescriptive medications.

\_\_\_\_\_

5. Any dietary restrictions? \_\_\_\_\_

Any allergies? \_\_\_\_\_

6. Any limitations that would hinder this person from participating in the work of the SSJ Volunteer Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

email \_\_\_\_\_

***Please return by March 19<sup>th</sup>, Saint Joseph's Day***

Please return completed form to:

Rose Andrea Loughery, SSJ  
SSJ Mission Corps  
9701 Germantown Avenue  
Philadelphia, PA 19118-2694  
Phone: 215-248-7239  
Fax: 215-248-7237  
Email: [rloughery@ssjphila.org](mailto:rloughery@ssjphila.org)