## Four Winds Community Voluntary Service Program Volunteer Coworker Application Form

## PLEASE COMPLETE THIS FORM IN YOUR OWN HANDWRITING

Date of Application:		//_		
	(month)		(year)	Attach Recent Photograph
PERSONAL INFOR	RMATION			
Name:(la.	st)	(first)	(middle)	Date of Birth://///
Place of Birth:				
Home Address:				
Nationality:			E-Mail	:
Telephone:			Fax:	
Desired Term of Serv	ice:	//	to	
The term	m year for volu	nteer coworkers run	ns for 12 months starting	g from the third week in August.
EDUCATION		Name of So	<u>chool</u>	<u>Dates</u>
High School:				From:// To://
College:				From:// To://
Degree(s):				Date(s) awarded:
Other Training(s):				Froм:// To://
EMPLOYMENT HI	STORY	List most current po	sition first. Describe du	tties and responsibilities. Include dates.
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		<del>.</del>		
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<b>REFERENCES</b> teachers, coaches, o telephone number, a	or employers (not fri	iends or family member			adults such as present or fo Below, please list name, add	
1						
2						
3						
FOREIGN APP	LICANTS ONL	.Y				
Passport Number	r:		E	xpiration Dat	e:	
Country of Issua	nce:					
If English i	is a foreign langu	age, rate your ability	y to speak, read,	write, and un	derstand it. Check one:	
	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	□ Poor	
GENERAL INF	ORMATION Q	UESTIONS				
1. How did you l	earn about Four V	Winds Community?				
2. Have you appl	ied to other place	es? If so, when and v	where?			
		nthroposophical orga			ere? Whom can we call t	or a

4. Please describe any organizations, projects, internships, or service programs in which you are active.
5. Please describe yourself, including both positive and negative aspects, strengths and weaknesses, etc.
6. Why are you interested in working with people who have developmental disabilities/handicaps?
7. What talents or interests can you offer to Four Winds Community (music, drama, land/craftwork, etc.)?

8. Please list 3 personal objectives you want to work on while being a volunteer coworker at Community.	Four	Winds
9. What are your plans for future studies or career? How do you see volunteer service at Community furthering these goals?	Four	Winds
10. Do you have any financial obligations (loans, other debts, dependents, etc.)? If so, in what amo	unt?	
11. Have you ever had a felony (serious crime) conviction? Have you ever pleaded guilty to, or guilty of, abuse, neglect, or exploitation of any person? Has a complaint against you of abuse exploitation been investigated and substantiated by a state department of health and human service ever been arrested or convicted of <i>any</i> criminal act? If the answer to any of these questions is yes, or the service of t	e, negl s? Ha	lect, or
PRIOR TO STARTING THEIR VOLUNTEER SERVICE, ALL VOLUNTEERS MUST PROVIDE A STATEMENT, REPORT FROM THEIR COUNTRY'S LOCAL LAW ENFORCEMENT AUTHORITY PROVING THAT THEY DO FELONY (SERIOUS) CONVICTION FOR ABUSE, NEGLECT, OR EXPLOITATION OF ANY PERSON.		

12. Are you presently in a long-term personal relationship? If so, will this relationship affect your ability to perform your tasks responsibly, work, care for the residents, and adapt to life at Four Winds Community?
13. Please list name(s), address(es), telephone number(s), and relationship(s) for the person or persons to contact in case of emergency.
14. Do you have relatives and/or friends in the USA? Please list their names, addresses, and telephone numbers
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<b>HEALTH INFORMATION</b> The life of a volunteer coworker is demanding and strenuous and includes many outdoor activities; a volunteer coworker needs to be physically and emotionally healthy. Flexibility, openness, and a serious willingness to work with the residents, the other volunteer coworkers, and all Four Winds Community staff are also necessary. It's important that your physical, mental, and emotional health allow you to participate fully in daily life here.
1. Do you have any health, medical, or psychological problems or conditions—past or present? If so, please explain.

2. Do you have any current dental problems? If so, please explain.
3. Do you take any medication(s)? If so, which one(s) and for what reason(s)?
4. Do have any allergies? If so, please explain.
5. Have you ever had an experience with drugs, or with alcohol, that played a significant part in your life? If so, please explain.
preuse explain.
6. Are there any areas where you might need special support, or in which you are not willing or able to work?

7. Please describe briefly your abilit	y to work under pote	entially demanding c	onditions.	
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Prior to starting volunteer service, every volunteer must have a physical examination by a licensed doctor. This examination must certify that the volunteer is in good physical and emotional condition; free from communicable and/or infectious diseases; has had a negative tuberculosis (TB) test, Mantoux method (PPD), within the last 12 months; and does not have any condition that would contraindicate living with and caring for adults with special needs. In addition, every volunteer must have an examination by a licensed dentist prior to starting volunteer service. This examination must certify that all necessary and required dental work has been completed. Four Winds Community also requires volunteers to carry adequate health and accident insurance for the first 12 months of their volunteer service.

Four weeks before starting volunteer service, all applicants must send their medical and dental certificates (including the result of the TB test, Mantoux method), as well as proof of their health and accident insurance, to Four Winds Community.

Ultimately, it will be the decision of Four Winds Community administrators and/or authorized staff to determine the physical and mental fitness of a volunteer coworker if there are any questions about that fitness. Four Winds Community reserves the right to make and enforce such a decision as necessary.

## **AUTOBIOGRAPHICAL INFORMATION**

In narrative form, please give a chronological account of your life that includes reference to significant event (human encounters, illness, community living experiences, family background/situation, and any other details of importance you consider relevant). Please add as many pages as your story requires.						
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