



***McCurdy Ministries***  
Sharing the love of God through education and mission

Dear Prospective McCurdy Ministries Volunteer:

Thank you for your recent inquiry about the Volunteers in Mission program at McCurdy Ministries. I am pleased that you are interested in our program and are considering service with us. Our volunteers are an important part of our day-to-day operation and without them it would be difficult to continue our service to the youth and families in our Valley.

The VIM program accepts both short- and long- term volunteers; from two weeks to the entire school year. We depend upon volunteers to do a variety of tasks and will try to match your skills to a specific need.

McCurdy Ministries' volunteers are housed in the Pilling-Robinson Retreat Center and Dormitory, or if available, you may use one of our RV hook-ups. We accept Mission Work Teams year-round. Dorm space and McCurdy School needs are **both** determining factors when considering individual volunteers.

You will find **three** personal reference forms along with the VIM application (if this information has been e-mailed to you, remember to make three copies). Please sign each form and give them to your references. To ensure a timely return we recommend you give a pre-addressed (directly back to me), pre-stamped envelope to each reference. **Additionally, Safe Sanctuary certification must be included with your application. Our Safe Sanctuary training is available online at [www.mccurdy.org](http://www.mccurdy.org). Click on the Safe Sanctuary link to begin.** Return the application form as soon as possible, as the process can take 60-90 days for review.

I look forward to hearing from you. If you have any questions after reviewing the enclosed forms and information, please do not hesitate to contact me. I can be reached at (505) 753-7221, ext. 268 or on my cell phone, (505) 927-3683. Feel free to contact me at [Vickie@mccurdy.org](mailto:Vickie@mccurdy.org) if you prefer. I am happy to help you through the application process so please don't hesitate to call or write.

In Christ,

*Vickie Luviano*

Vickie Luviano

***Vickie Luviano, Director of Volunteers & Gift Shop Manager***

261 S. McCurdy Road, Española, NM 87532, 505-753-7221, ext. 268 or 505-927-3683(cell) [vickie@mccurdy.org](mailto:vickie@mccurdy.org)

*McCurdy Schools of Northern New Mexico is a registered nonprofit corporation.*

*The corporation also uses the trade name McCurdy Ministries.*

## **Could you be a Volunteer in Mission (VIM)?**

Please answer the following questions honestly, for yourself, before you complete the application (do not return this with your application) :

1. Is the Spirit of Christ calling me to volunteer?
2. Am I willing and able to be away from home for at least 2 weeks?
3. Can I live in close quarters with others? Possibly share a bathroom with someone I don't know?
4. Am I willing to have fun at work? Could I be flexible in my daily routine?
5. Can I work 35 hours per week?
6. Do I enjoy being around children of all ages?
7. Can I work and live in a culture different than mine?
8. Do I love sunshine? Beautiful scenery? Snow? Dry heat? All of the above in the same week (sometimes the same day)?
9. Can I keep my Godly eyes and ears open? Am I willing to help those less fortunate than me without judgment?
10. Is God calling me to be a Volunteer in Mission?

# VOLUNTEER IN MISSION APPLICATION

PLEASE PRINT IN BLACK INK OR TYPE

## APPLICANT INFORMATION

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Mi

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business/Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred method of contact:  Home Phone  Business/Cell  Email  No prefer

Emergency Contact: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

Available dates to serve: From \_\_\_\_\_ to \_\_\_\_\_

Housing Needs:  I will need housing  I will make my own arrangements  
 I need hook-up service for my RV

Health:  Excellent  Good  Fair  Poor

Please list physical disabilities, health factors, physical conditions, recent operations, chronic illness, and/or treatments. List any medication as well as herbal over-the-counter medications you take. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your spouse applying for volunteer service? \_\_\_\_\_

## CHURCH MEMBERSHIP

Name of church in which you hold membership: \_\_\_\_\_

Pastor's name, address, phone: \_\_\_\_\_

**NAME OF REFERENCES:** Please list references that will be completing the Personal Reference Form.

1. \_\_\_\_\_  
Name of Reference Address Telephone
2. \_\_\_\_\_  
Name of Reference Address Telephone
3. \_\_\_\_\_  
Name of Reference Address Telephone

**ACTIVITIES / INTERESTS / SKILLS**

**I. WORK EXPERIENCE:** List job experiences, paid or volunteer, with most recent first. If you wish, you may attach a resume.

Position	Dates	Paid or Volunteer
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**II. INTEREST / ABILITIES:** Check those which you wish to perform

- |  |   |   |  |
|--|---|---|--|
| <b>Secretarial</b>                               | <b>Teach /Tutor</b>   | <b>Maintenance</b>                        | <b>Talents</b>   |
| <input type="checkbox"/> Computer Skills         | <input type="checkbox"/> Language Arts                                  | <input type="checkbox"/> Appliance repair | <input type="checkbox"/> Drama, plays                        |
| <input type="checkbox"/> Excel                   | <input type="checkbox"/> Math   | <input type="checkbox"/> Carpentry        | <input type="checkbox"/> Driving buses/vans                  |
| <input type="checkbox"/> Publisher               | <input type="checkbox"/> Remedial Reading                               | <input type="checkbox"/> Electrical       | <input type="checkbox"/> CDL                                 |
| <input type="checkbox"/> Outlook                 | <input type="checkbox"/> Science  | <input type="checkbox"/> Landscaping      | <input type="checkbox"/> Sewing                              |
| <input type="checkbox"/> Power Point             | <input type="checkbox"/> Social Studies                                 | <input type="checkbox"/> Masonry          | <input type="checkbox"/> Other (list below)                  |
| <input type="checkbox"/> Quicken/Quick Books     | <input type="checkbox"/> Sub– specify grade<br>and subject below)       | <input type="checkbox"/> Mechanical       |  |
| <input type="checkbox"/> Filing                  | <input type="checkbox"/> Art, Music, or Family<br>and Consumer Sciences | <input type="checkbox"/> Painting         | <input type="checkbox"/> Cafeteria                           |
| <input type="checkbox"/> Telephone / Switchboard |   | <input type="checkbox"/> Plumbing         | <input type="checkbox"/> I am willing to<br>sub where needed |
| <input type="checkbox"/> Typing                  |   |   |  |

Other interests and abilities: \_\_\_\_\_

**III. PERSONAL FAITH:** Please write a short, concise statement explaining why you want to participate in a Volunteer In Mission program. (You may use a separate page if needed).

**IV. EXPECTATIONS:** Please summarize your expectations for your VIM experience at McCurdy Ministries.

**AGREEMENT:** I have read the enclosed information on volunteer service at McCurdy Ministries. I understand, agree to, and will abide by, the terms and requirements for participation in the VIM Program. I also understand that the completion of this application does not mean automatic acceptance. I am aware that McCurdy Ministries requires volunteers to carry medical insurance.

Date	Signature of Applicant
Please return this completed form to:	Vickie Luviano, VIM Director McCurdy Ministries 261 S. McCurdy Road Española, NM 87532

**Your Safe Sanctuary certification must be returned with this application**

# INDIVIDUAL VOLUNTEER MEDICAL INFORMATION FORM

This form must be included with your "Individual Volunteer Application"

McCurdy Ministries is committed to ensuring that your privacy is protected. The medical information asked for is for your protection and will only used if you are unable to speak for yourself in an emergency. All personal information is NOT shared with staff members or volunteers without written consent from you. Medical information is kept locked with access only to the Volunteer In Mission Coordinator.

Mail completed form to:

Vickie Luviano, Director of Volunteers  
 McCurdy Ministries  
 261 S. McCurdy Road  
 Espanola, NM 87532

\* \* \* \* \*

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      E-mail address: \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Have you had any of the following conditions? (If yes, please check appropriate space and give details on the back of this page.)

___	Blood or circulatory problems		___	Paralysis
___	Colitis or intestinal condition		___	Heart disease, angina
___	Gall bladder disease or gall stones		___	Stroke
___	Disorders of spine, joints, bones		___	Heart attack
___	Arthritis		___	Thyroid or goiter
___	Disease of eyes, ears, nose or throat		___	Cancer or tumor
___	Lung condition, TB, asthma		___	Liver condition
___	Muscle or nervous system disorder		___	Epilepsy
___	Ulcers or other stomach condition		___	Connective tissue disease
___	Diabetes		___	Emotional/mental condition

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2. List all medications (with exact dosage) you take on a regular basis:

3. List any allergies:

4. Please list the date of your last vaccination/booster for the following:

___	Diphtheria/Tetanus		___	Hepatitis A
___	Typhoid		___	Hepatitis B
___	PneumoVax		___	Influenza (flu)
___	Other			

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PHYSICIAN'S STATEMENT

I certify that \_\_\_\_\_ is currently in

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ physical condition.

Activity restrictions / limitations include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's signature \_\_\_\_\_

Print physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

PHYSICIAN'S STATEMENT, CONTINUED.....

ANY ADDITIONAL NOTES CAN BE INCLUDED HERE.



**CONFIDENTIAL PERSONAL REFERENCE FORM**

Personal Reference for: \_\_\_\_\_

Please print your name

*I have applied for Volunteer in Mission (VIM) service at McCurdy Ministries in Espanola, NM and give my permission for you to answer the following questions about me. Please return the form directly to McCurdy at the address below. Thank you for answering honestly.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Reference (please print)

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ If needed, what is the best time to contact you? \_\_\_ AM \_\_\_ PM

To the best of your knowledge, please circle the number that most closely depicts the applicant's qualities. Thoughtful consideration should be given to each question. If you feel your answer is a "1" or a "2", please elaborate on the following page:

**Spiritual**

	Poor	Fair	Good	Excellent	Don't Know
1. Lives a Christian Life:	1	2	3	4	5
2. Supports the ideals and programs of the church	1	2	3	4	5
3. Has been involved in volunteer work in th local church or community	1	2	3	4	5
4. Has been involved in committee work in the local church or community	1	2	3	4	5

**Physical**

	Poor	Fair	Good	Excellent	Don't Know
1. Is able to perform <i>light</i> physical activities	1	2	3	4	5
2. Is able to perform <i>moderate</i> physical activities	1	2	3	4	5
3. Is able to perform strenuous physical activities	1	2	3	4	5

<b>Emotional</b>	Poor		Good		Excellent
1. Understands, respects, and works well with youth	1	2	3	4	5
2. Works well with others	1	2	3	4	5
3. Respects confidentialities	1	2	3	4	5
4. Has belonged or now belongs to a support network	1	2	3	4	5
5. Is able to live in close quarters with others	1	2	3	4	5

<b>Personality</b>	Poor		Good		Excellent
1. Is able to see humor in situations	1	2	3	4	5
2. Has a positive/accepting attitude	1	2	3	4	5
3. Is committed to assigned tasks	1	2	3	4	5
4. Has demonstrated leadership abilities	1	2	3	4	5

Do you believe this candidate will make a good volunteer?  Yes  No  
 Comments:

Is there any reason you think this candidate might not make a good volunteer?  Yes  No  
 Comments:

Use this space if you answered is a "1" or a "2", please elaborate below:

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Signature of person providing reference

Date

The person listed as the reference should return this form to:

**Vickie Luviano, Director of Volunteers**  
**McCurdy Ministries**  
**261 S. McCurdy Road**  
**Espanola, NM 87532**

**Telephone: (505) 753-7221, ext. 268**

**Cell Phone: (505) 927-3683**

**E-mail: [Vickie@mccurdy.org](mailto:Vickie@mccurdy.org)**

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\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Name of Reference (please print) Relationship to Applicant

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

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**Telephone: (505) 753-7221, ext. 268**

**Cell Phone: (505) 927-3683**

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

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