



## BELIZE IMMERSION APPLICATION

This is an application to be considered for participation in the Belize Immersion Program. Complete this application in full and send it to Belize Immersion Program, 1212 East Euclid Ave., Arlington Heights, IL 60004 or scan and send it to [bart@viatorians.com](mailto:bart@viatorians.com). Please contact Bart Hisgen at [bart@viatorians.com](mailto:bart@viatorians.com) if you have any questions.

### **Background**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long \_\_\_\_\_

Phone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Gender: \_\_\_\_\_

What type of service interests you? \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

High School: \_\_\_\_\_ College/University: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ Degree and Major/Minor : \_\_\_\_\_

Other names by which you have been known: \_\_\_\_\_

Please list your addresses in the past three years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever previously participated in any Clerics of St. Viator Organization or Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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What sort of service have you done in the past (300 word max, please attach)?

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How do you see yourself engaging in the mission of the Viatorian Community (300 word max, please attach)?

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**Related Volunteer Activities**

List your volunteer experience with other civic and non-profit organizations (please attach if necessary)

Organization	Duties	Dates	Supervisor	Phone

**Personal**

Are you related by blood or marriage to any current employee, volunteer, or Member of the Clerics of St. Viator? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who and what position? \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_ If so, please attach a written explanation.

Have you ever engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a written explanation.

**References**

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>How long have you known this person?</b>
<b>Campus Minister</b>			
<b>Teacher</b>			

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Clerics of St. Viator appreciates your willingness to share your skills and experience. Providing safe and secure programs for all of our volunteers and participants is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programming. Please initial each statement below.

\_\_\_\_\_ I declare that all statements contained in this application are true.

\_\_\_\_\_ I understand that any misrepresentations or omissions is cause for rejection of my application or dismissal from the Belize Immersion Program.

\_\_\_\_\_ I understand that my references may be contacted and that a criminal background check may be conducted. I authorize investigations of all statements contained in this application.

\_\_\_\_\_ I agree to observe all of the guidelines and policies of the Clerics of St. Viator and the Belize Immersion Program.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time.

\_\_\_\_\_ I understand that the Clerics of St. Viator and the Belize Immersion Program have a *ZERO TOLERANCE FOR ABUSE* and takes all allegations of abuse very seriously. I further understand that the Clerics of St. Viator cooperate fully with the authorities to investigate all cases for alleged abuse.

\_\_\_\_\_ I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to the Belize Immersion Program. My signature below indicates that I have read and understand the above.

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