

Visitation Internship Program

Sr. Karen Mohan, VHM
1527 Fremont Avenue North
Minneapolis, MN. 55411
VMonastery@aol.com
612.521.6113 main, 612.521.4020 fax

PRELIMINARY APPLICATION FORM

Thank you for your interest in Visitation Internship Program. Please complete the following form and return it to the VIP office at the above address. Please return by e-mail, and contact me with any questions.

Name _____

Present Address _____

City _____ State _____ Zip _____

E-mail: _____

Home Phone (____) _____ Work Phone (____) _____

Permanent Address (if different from above) _____
City _____ State _____ Zip _____

Date of Birth ___/___/___ Gender _____ Social Security # _____

Religious Denomination _____

___ Single ___ Married ___ Widowed ___ Divorced ___ Separated

College/University _____ Degree _____ Date _____

How did you hear about the Visitation Internship Program?

What types of volunteer service are you interested in and why?
