

Visitation Internship Program

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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?

What would you hope to receive from a year of service in a multicultural neighborhood with a monastic community of Sisters near downtown Minneapolis?
