Dear Houses of Hospitality applicant,

Thank you so much for your interest in our Houses of Hospitality ministry. As you have seen in our flyer, we want to welcome women of any faith or belief system to experience our Franciscan values and ways of living, which we call our *Franciscan Charism*. You will be immersed in Franciscanism while living with our Sisters for a period of time. The length of stay will be determined by both the host Sisters and participants, typically ranging from a series of weekends to one month. Ministry experiences will also be available to you. There is great flexibility in length of stay, ministry experiences, etc., determined by both the needs of the participant and that of the host Sisters.

Listed below are the Houses of Hospitality we have available at this time:

1. Shelbyville, IN – this is a bedroom community on the south side of Indianapolis and located just off I-74. The Sister host ministers at the local Catholic parish where there are also ministry opportunities. This house is open to guests between September and May and the length of stay is flexible. Living quarters are on the second floor so the ability to manage stairs is needed at this site.
2. Evansville, IN – the Sister hosts live on a small farm and both minister in local Catholic grade schools. This house is open to guests for up to one month during the spring, summer, and early fall months where there are many opportunities to help the Sisters with their vegetable gardening and food processing activities.
3. Richmond, KY – Richmond is a growing city close to Lexington and also the home to Eastern Kentucky University. The Sister host ministers at a social services/educational non-profit dedicated to uplifting Appalachian women with many ministry opportunities available all year long. The Sister host lives in a walkable neighborhood along with her 3 dogs and the length of stay is flexible.
4. Oldenburg, IN – within our motherhouse campus, we have one site to offer as a House of Hospitality. Although you would live in a small, local community of Sisters, you would also have access to many more Sisters, activities, and ministry opportunities within the motherhouse campus. This site offers a flexible length of stay as well as ministry opportunities outside the motherhouse if that is desired.

We realize that the application form is extensive and hope that you do not get overwhelmed by it. It is a great tool to help us understand you and the type of experience you are seeking. This will make it much easier for us to ensure that you and the Sisters with whom you will be living have shared goals and hopes during your stay.

If you have specific questions regarding the application process or the program, please send an email to hospitalityhouses@oldenburgosf.com *We will contact you following receipt of the application to continue the process.* Thank you again for your interest in our Hospitality Houses ministry. We wish you many blessings as we discern together the possibilities.

Peace and all good!

**Sisters of St. Francis, Oldenburg**

**Application for Houses of Hospitality Program**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(landline) Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status (circle one): Single Married Widowed Divorced

Number of children: \_\_\_\_\_\_\_\_\_\_

Religious affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation or Ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current work status (circle one): Full-time Part-time Retired Volunteer

Educational background (circle highest level of experience):

High School diploma Associate’s Degree Bachelor’s Degree Postgraduate Degree

**Personal References**

Nearest relative or friend (in case of an emergency)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(landline/cell) Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the names and contact information for three people we can contact who can attest to your character and suitability for community living, only one of whom may be a blood relative.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(landline/cell) Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(landline/cell) Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(landline/cell) Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Involvement and Personal Interests:** Briefly describe each of the following.

1. Your work experience

2. Your history of involvement in a community of faith

3. Your interest or involvement in social and justice concerns

4. Other organizations or volunteer activities in which you are currently involved

5. Your interests, hobbies, or talents

**Personal Essay:** So we might know you, please write a 1-2 page essay covering the following topics.

* Briefly describe your childhood and early years in your family of origin.
* Describe three significant events in your life.
* Tell a little about your children/grandchildren, if applicable, or other significant relationships.
* Describe your prayer life, spiritual practices, or spirituality.

**In order to participate in the Houses of Hospitality Program of the Sisters of St. Francis, Oldenburg, you must be financially independent. This means you will contribute to the household expenses. Room and board program rates will vary from house to house but will be in the $425 per month range.**

**Interest in Houses of Hospitality Program:** Briefly describe each of the following.

1. What are your reasons for applying to participate in our Houses of Hospitality Program?

2. In what ways will you be willing to share in the ministry/service of the Oldenburg Franciscans?

3. What are your personal goals for this experience?

**Background Check**

The Sisters of St. Francis, Oldenburg requires all participants in the Houses of Hospitality Program to complete a background check. Please obtain a validated police background check from the place of your current residence, covering the prior 10 years, and have the police forward it directly to:

**Houses of Hospitality – Program Chair**

**Sisters of St. Francis**

**PO Box 100**

**Oldenburg, IN 47036**

**Email:** **hospitalityhouses@oldenburgosf.com**

**Medical Information:** Please ask your primary care physician to complete the attached Medical Form and return it directly to **Houses of Hospitality – Program Chair** at the address above.

Primary Care Physician (name/address/phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are currently in counseling, please ask your counselor or mental health professional to complete the attached Reference Form and send it directly to **Houses of Hospitality – Program Chair** at the address above.

Mental Health Professional (name/address/phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Release of Information**

I hereby grant permission to the Sisters of St. Francis, Oldenburg to seek additional pertinent information from the persons listed as references on this application. Please initial \_\_\_\_\_\_

I hereby grant permission for the contents of this entire application to be shared with the Houses of Hospitality Task Force. The application could also be shared with the Leadership Team of the Sisters of St. Francis, Oldenburg, IN and also potential local community hostesses. Please initial \_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this completed application form to:

**Houses of Hospitality – Program Chair**

**Sisters of St. Francis**

**PO Box 100**

**Oldenburg, IN 47036**

**Email:** **hospitalityhouses@oldenburgosf.com**

**Sisters of St. Francis, Oldenburg – Houses of Hospitality Program Application**

**MEDICAL FORM**

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

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above applicant is seeking to participate in the Houses of Hospitality Program of the Sisters of St. Francis, Oldenburg, IN. She will live in a local community of the Sisters and Associates for a temporary period of time – from two weeks up to three months.

During this time she will experience challenges to her creativity, ability to adapt to various personalities, and living conditions. She will need adequate coping skills such as flexibility, adaptability and compatibility. She will also need some willingness to live simply, as well as a capability of relating to others and the desire to integrate Franciscan values into her life.

**MEDICAL HISTORY**

**TO BE COMPLETED BY PHYSICIAN**

Please indicate yes or no to all items listed below, yes answers should include year of diagnosis.

1. Tuberculosis/positive PPD skin test \_\_\_\_\_ 7. Cardiovascular Disease \_\_\_\_\_\_
2. Seizure Disorder \_\_\_\_\_\_ 8. Kidney Disease \_\_\_\_\_\_
3. Thyroid Issues \_\_\_\_\_\_ 9. Allergies \_\_\_\_\_\_
4. Diabetes \_\_\_\_\_\_ 10. Hypertension \_\_\_\_\_\_
5. Asthma \_\_\_\_\_\_ 11. Gastrointestinal Issues \_\_\_\_\_\_
6. Cancer \_\_\_\_\_\_\_ 12. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give additional details to any of the “yes” items above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Valid Driver’s License: YES NO License Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does she use crutches, wheelchair, artificial limb, hearing aids? Circle all that apply.

Does she ever have to modify activities because of health issues or disability? YES NO

**Immunization Record:** up to date? YES NO

Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covid-19 vaccine:** YES NO **Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covid-19 vaccine booster:** YES NO **Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Surgeries:** list operations and dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medications:** please attach record of current medications, including any over-the-counter medicine.

**Habits:**

Alcohol: YES NO Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tobacco: YES NO Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has she ever been treated for drug or alcohol abuse? YES NO date treated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSYCHIATRIC HISTORY**

Does she have any history of emotional difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has she ever been under psychiatric care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalized? YES NO Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is she under psychiatric care currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is she currently taking psychiatric medicine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any concerns you have with the applicant’s ability to adapt to various personalities and living conditions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you been the applicant’s regular physician? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print the physician’s contact information below:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email hospitalityhouses@oldenburgosf.com if you have any medical questions about the Houses of Hospitality Program requirements. **THANK YOU.**

Please return this completed application form to:

**Houses of Hospitality – Program Chair**

**Sisters of St. Francis**

**PO Box 100**

**Oldenburg, IN 47036**

**Email:** **hospitalityhouses@oldenburgosf.com**

**Sisters of St. Francis, Oldenburg – Houses of Hospitality Program Application**

**REFERENCE FORM FOR MENTAL HEALTH PROFESSIONAL**

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

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above applicant is seeking to participate in the Houses of Hospitality Program of the Sisters of St. Francis, Oldenburg, IN. She will live in a local community of the Sisters and Associates for a temporary period of time – from two weeks up to three months.

During this time she will experience challenges to her creativity, ability to adapt to various personalities, and living conditions. She will need adequate coping skills such as flexibility, adaptability and compatibility. She will also need some willingness to live simply, as well as a capability of relating to others and the desire to integrate Franciscan values into her life.

This applicant has indicated that you have worked with her.

1. In your experience of working with this applicant, please comment on the strengths that may support her and any challenges she may face.
2. Given your professional relationship, please comment on any concerns you might have as well as recommendations that could be helpful to the applicant’s successful involvement in this experience.

How long have you worked with this client? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of mental health professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print the mental health professional’s contact information below:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email hospitalityhouses@oldenburgosf.com if you have any further questions about the Houses of Hospitality Program requirements. **THANK YOU.**

Please return this completed application form to:

**Houses of Hospitality – Program Chair**

**Sisters of St. Francis**

**PO Box 100**

**Oldenburg, IN 47036**

**Email:** **hospitalityhouses@oldenburgosf.com**