**Maȟpíya Lúta | Red Cloud Volunteers**

**Maȟpíya Lúta Owáyawa**

**100 Mission Drive • Pine Ridge, SD 57770**

**volunteer@mahpiyaluta.org**

# VOLUNTEER APPLICATION

**PERSONAL DATA**

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

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

Street Address City State Zip

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

 Street Address City State Zip

Your Preferred Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (non-college): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 cell home work (circle one) cell home work (circle one)

Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS BACKGROUND**

***Optional.*** *Please check any of the following religious groups with which you identify:*

 \_\_\_\_\_ Catholic \_\_\_\_\_ Protestant (Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 \_\_\_\_\_ Jewish \_\_\_\_\_ Hindu Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Muslim \_\_\_\_\_ Christian Orthodox \_\_\_\_\_ Non-affiliated

**MEDICAL HISTORY**

***Optional.*** *This information helps the Volunteer Coordinator better support the Volunteer in their work and community life at Red Cloud.* ***Note: If accepted into the Volunteer Program, you will need to receive a Department of Transportation medical examination before receiving your Commercial Driver’s License. If you have any questions about this section of the application, please feel free to contact the Volunteer Coordinator.***

Do you agree to have a physician complete a Department of Transportation form for your CDL? • Yes • No

Have you been hospitalized in the last five years? • Yes • No

If so, please list the dates and reasons for the hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you currently suffer from any medical condition? • Yes • No

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a history of mental illness? • Yes • No

Are you presently being treated for a mental illness? • Yes • No

Are you presently on medication for a mental illness? • Yes • No

If you answered "yes" to any of the last three questions, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you currently use alcohol? • Yes • No

How much and how frequently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been to alcohol or drug treatment? • Yes • No

If so, when and with what success (including current after-care program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any food allergies or other allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FURTHER BACKGROUND**

*Please answer the following questions. If you are employed at Red Cloud Indian School, Inc., you will be fingerprinted and subjected to a background check, according to the safe environment protocol of the Catholic Diocese of Rapid City and the State of South Dakota.*

Have you ever been convicted of a crime of sexual abuse, harassment or exploitation? • Yes • No

Has any civil or criminal complaint or any other written complaint ever been made against

you relating to sexual abuse, sexual harassment or exploitation? • Yes • No

Have you ever terminated your employment or had your employment terminated for

reasons relating to civil or criminal complaints or allegations of sexual abuse, sexual

harassment or sexual exploitation? • Yes • No

Have you ever been directed to receive any medical or psychological treatment, including

counseling, involving sexual abuse, sexual harassment or sexual exploitation? • Yes • No

Did you ever enter into an agreement with any past employer not to divulge the true reason

for your termination of employment? • Yes • No

Have you ever been convicted of a crime involving moral turpitude? • Yes • No

If you answered "yes" to any of the above, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION HISTORY**

*Please list your education history.*

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location Graduation Year

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location

Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Be specific: BA, BS, B.Ed., MA, etc.) Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate school, technical courses, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMMITMENT**

*The commitment to this program is one school year, and it can be renewed for a second or third year. In becoming a Red Cloud Volunteer, it is expected that the volunteer fulfill the one-year commitment, attend all retreats, participate in community activities, and contribute actively to their responsibilities in the schools (including driving a school bus). When a volunteer leaves the MLVP before the end of their commitment, it has significant implications for the house community, Red Cloud students, and all the people with whom the volunteer interacts on a daily basis. Please make a free and committed choice to join our program.*

Please list any financial, family, or personal obligations or situations that might interfere with your commitment to the MLVP (e.g. loans, weddings, graduations, sick family member, graduate school):

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

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Please list anything about yourself that might affect your ability to participate in any aspect of the program, such as community life or the performance of job-related functions:

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**TRANSCRIPTS**

*\*\*\*Please have your college/university immediately send an official copy of all transcripts for graduate and undergraduate work directly to the Volunteer Coordinator. If you haven’t yet completed your degree, please also have your college/university send your final transcripts to the Volunteer Coordinator after your graduation.*

**Mail to**: Volunteer Coordinator, 100 Mission Drive, Pine Ridge, SD 57770

**RECOMMENDATION**

*\*\*\*Please have one professional reference fill out the attached volunteer recommendation form. References must be either a previous/current employer or professor/mentor. No family or personal references will be accepted. Recommenders may fill out the attached recommendation form and mail separately or give the recommendation to the applicant in an envelope with their signature on the seal. Recommenders may also separately email the recommendation form to* *volunteer@mahpiyaluta.org* *with the applicant’s name in the subject.*

**RED CLOUD VOLUNTEER MISSION**

Red Cloud Volunteers actively participate in the mission of Red Cloud Indian School on the Pine Ridge Indian Reservation. In working tirelessly on behalf of this mission – *an education of the mind and spirit that promotes Lakota and Catholic values* – the Volunteers provide an invaluable service to the larger Lakota community: the education of their young people.

Within a challenging cross-cultural and interreligious environment, Red Cloud Volunteers strive to integrate the four pillars of the program – Doing Justice in Education, Building Community, Growing Spiritually, and Living Simply – into their daily lives. In doing so, the Volunteers themselves hope to become persons of spiritual depth committed to justice and equality in education for Lakota youth.

**AUTHORIZATION AND SIGNATURE**

*Please sign and return this application to the Volunteer Coordinator, including the following:*

\_\_\_\_\_ College/University is sending transcripts \_\_\_\_\_ emailed Volunteer Coordinator a digital photo of you

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

SIGNATURE DATE

**Sending Options:**

1. **Mail** to: Volunteer Coordinator, 100 Mission Drive, Pine Ridge, SD 57770

2. **Fill out, Scan, and email** to: volunteer@mahpiyaluta.org