



# Society of Saint Vincent de Paul

Toronto Central Council



## Application to Become a Member

<b>Name:</b> _____	
<b>Address:</b> _____	<b>City</b> _____ <b>Postal</b> _____
<b>Phone: Day</b> (____) _____	<b>Evening</b> (____) _____
<b>E-mail address:</b> _____	<b>Fax:</b> (____) _____
<b>Conference:</b> _____	<b>Particular Council:</b> _____

**Why do you wish to become a member of the Society?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which aspect of the work of the Society attracted you most?** \_\_\_\_\_

\_\_\_\_\_

**What gifts, skills, or talents do you bring to this vocation?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What life experiences have prepared you for this form of service?** \_\_\_\_\_

\_\_\_\_\_

**Please summarize other volunteer experiences you have had in recent years and what these experiences have taught you about yourself.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please provide three references.
- References should not include persons related to you.
- By signing the bottom of this form, you are authorizing a member of the Society to contact any of the listed referees.

**Reference 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Reference 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Reference 3**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

\_\_\_\_\_ **applicant signature** \_\_\_\_\_ **date**

\_\_\_\_\_ **Conference (parish)**