

Society of Saint Vincent de Paul

Greater Toronto Central Council

Application to Become a Member

Name:			
Address:			
	Postal Code:		
Phone: Home			
	Particular Council:		
	er of the Society?		
Which aspect of the work of the Socie	ety attracted you most?		
What gifts, skills, or talents do you be	ring to this vocation?		
What life experiences have prepared	you for this form of service?		
•	periences you have had in recent years and what these ourself.		

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 references.
- The reference notes are meant to be confidential, and you should not ask the reference to see what they have written.

Reference 1		
Name		
Address		
Phone: Home		
Email address		
In what capacity do you know this person?		
Reference 2		
Name		
Address		
Phone: Home		
Email address		
In what capacity do you know this person?		
Reference 3		
Name		
Address		
Phone: Home		
Email address		
In what capacity do you know this person?		
Applicant Signature		Date
Please note, by adding your name in the box, we will consider the form signed		
Conference (parish)		