



**SOCIETY OF SAINT VINCENT DE PAUL  
NATIONAL COUNCIL OF CANADA**

**MEMBERSHIP APPLICATION**  
(Please complete front and back of the application)

Existing Member: \_\_\_ New Member \_\_\_ Renewal \_\_\_

Conference \_\_\_\_\_ Council \_\_\_\_\_  
Name Name

Parish Name \_\_\_\_\_

Member Since: (D/M/Y) \_\_\_/\_\_\_/\_\_\_

Salutation: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Bro. \_\_\_ Sr. \_\_\_ Rev. \_\_\_ Other \_\_\_

Last Name \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Gender: Male \_\_\_ Female \_\_\_ Date of Birth(D/M/Y) \_\_\_/\_\_\_/\_\_\_

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E-mail address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information**

Salutation: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Other \_\_\_

Last Name \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

**Other Volunteer Activities**

Name of Organization: \_\_\_\_\_ Role \_\_\_\_\_ Length of Service \_\_\_\_\_

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**References** (Please provide 3 references whom we may contact, there should not be more than one family member. As a courtesy, please obtain the permission of your reference. References related to previous volunteer or parish work will be most suitable )

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_  
E Mail \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_.

2. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_  
E Mail \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_.

3. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_  
E Mail \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_.

Date Of Application: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**FOR CONFERENCE OR COUNCIL USE ONLY**

**File Record of Contents:** Application Form\_\_ Police Record Check Report\_\_ Interview Checklist\_\_

Minutes of Conference/Council Approval\_\_ Service Covenant Agreement\_\_

Police Record Check Report: Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

References Checked by: \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
(insert Interview checklist page)

Conference/Council Approval Date: \_\_\_\_\_

Service Covenant Agreement: Date signed: \_\_\_\_\_

Signature of Conference or Council President or Designate \_\_\_\_\_