



9.9

MEMBERSHIP APPLICATION

Existing Member: ___ New Member ___ Renewal___

Conference _____ Council _____
Name Name

Member Since: (D/M/Y) ___/___/___

Salutation: Mr. ___ Mrs. ___ Ms. ___ Other ___

Last Name:

First Name: _____ Middle Name _____ Nickname _____

Address: City Postal Code

Phone: Day () Evening: ()

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

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 _____

Name of Organization: _____ Role _____ Length of Service _____

Name of Organization: _____ Role _____ Length of Service _____



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

Name.....
 Address.....City.....Postal Code.....
 Phone: Day (.....).....Evening: (.....).....
 Relationship to applicant.....

Name.....
 Address.....City.....Postal Code.....
 Phone: Day (.....).....Evening (.....).....
 Relationship to applicant.....

Name.....
 Address.....City.....Postal Code.....
 Phone: Day (.....).....Evening (.....).....
 Relationship to applicant.....

File:

Application__

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:_____

Date Of Application:_____

Signature of Applicant_____