Sisters of Charity
of Cincinnati
Associates in Mission

APPLICATION

Name_____ **Date**_____

Address_____

_____

Phone (Home) _____ **(Work)**_____
(Area Code) **(Area Code)**

Age_____ **Date of Birth** _____ **Place of Birth** _____

Email _____

Status: Single _____ **Married** _____ **Widowed** _____ **Divorced**_____

Name of Spouse _____

Number of Children _____

Names of Children _____

_____

_____

Number of Grandchildren _____

Religious Affiliation _____

Present Church _____

Occupation _____

Place of Employment _____

Education and/or other work skills: _____

_____

_____

Special gifts and talents: _____

_____

_____

Nearest Relative or Friend (in case of an emergency)

Name _____

Address _____ **Phone** _____

Please list the names and addresses of those from whom we can request references:
(Please include a Sister of Charity or Associate if possible)

Name _____

Address _____

_____

Name _____

Address _____

_____

Please list the names of any Associate or Sister of Charity acquaintances:

_____

_____

_____

Briefly explain your reasons for wishing to become an Associate in Mission of the Sisters of Charity:

What of yourself do you wish to share with the Sisters of Charity in their mission?

What are your expectations of the Sisters of Charity in relationship to you?

What questions, feelings and/or concerns do you have about the Associate relationship?

I hereby grant permission to the Director of the Sisters of Charity Associate Programs to seek additional pertinent information from the persons listed as references on this application.

Signature: _____ Date:_____

Please return this completed application form to:

Sisters of Charity of Cincinnati
Director of Associates
5900 Delhi Road
Mt. St. Joseph, OH 45051