



*Sisters of Charity*  
of Cincinnati  
Associates in Mission

APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Area Code) (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?**

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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 print and return this completed application form to:

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