



# Associate Application



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home-- \_\_\_\_\_ Cell-- \_\_\_\_\_

Work-- \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

(County)

(City)

(State)

U.S. Citizen:  Yes

No

Sex:  Female

Male

## EDUCATION

High School: Number of years completed \_\_\_\_\_

Diploma Received: \_\_\_\_\_

College: Number of years completed \_\_\_\_\_

Specify Degrees: Undergraduate \_\_\_\_\_

Graduate \_\_\_\_\_ Post Graduate \_\_\_\_\_

## WORK EXPERIENCE

Currently employed by \_\_\_\_\_

Retired from \_\_\_\_\_

Other \_\_\_\_\_

## RELIGIOUS BACKGROUND

Name of your Church \_\_\_\_\_

Denomination \_\_\_\_\_ Number of years a member \_\_\_\_\_

Have you been

a church volunteer?  Yes  No a lay minister?  Yes  No

an elected church officer?  Yes  No

If Yes to any of these, explain: \_\_\_\_\_

What does your faith mean to you? \_\_\_\_\_

\_\_\_\_\_

## ***Associate Application continued***

When and how did you learn of the Associate relationship of the Sisters of Divine Providence?

---

---

Who influenced your decision? \_\_\_\_\_

Why do you want to become an Associate of the sisters of Divine Providence?

---

---

---

---

---

What are you looking for from this Community as an Associate?

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach or include a recent photo of your self with this application. Also, ask a friend, family member, co-worker, spiritual director, pastor, etc., to write a brief letter of recommendation. Submit this application, recommendation letter and photo to you local coordinator.

