



Society of St. Vincent de Paul

Toronto Central Council



Application to Become a Member

Name: _____	
Address: _____	City _____ Postal _____
Phone: Day (____) _____	Evening (____) _____
E-mail address: _____	Fax: (____) _____
Conference: _____	Particular Council: _____

Why do you wish to become a member of the Society? _____

Which aspect of the work of the Society attracted you most? _____

What gifts, skills, or talents do you bring to this vocation? _____

What life experiences have prepared you for this form of service? _____

Please summarize other volunteer experiences you have had in recent years and what these experiences have taught you about yourself. _____

Please:

- **provide three references. Please remember to inform these people that someone from the Society will be contacting them.**
- **provide no more than one of the three references from a family member. References related to previous volunteer or parish work or from a professional relationship would be very appropriate.**

Reference 1

Name _____

Address _____ **City** _____ **Postal Code** _____

Phone: Day (____) _____ **Evening** (____) _____

Relationship to applicant _____

Reference 2

Name _____

Address _____ **City** _____ **Postal Code** _____

Phone: Day (____) _____ **Evening** (____) _____

Relationship to applicant _____

Reference 3

Name _____

Address _____ **City** _____ **Postal Code** _____

Phone: Day (____) _____ **Evening** (____) _____

Relationship to applicant _____

_____ **applicant signature** _____ **date** _____

_____ **Conference (parish)** _____