

Sisters of Saint Francis

Associate Program

Application: Part I

Please print/type this information. If a married couple is applying, please complete separate forms.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (with area code) Home _____ Business _____

Fax (with area code) _____ e-mail _____

Marital Status (circle one) Single Married Widowed Separated Divorced

Age _____ Birthdate _____

Parish/Church _____ City & State _____

Pastor/Minister _____

Have you ever been a member of a religious community ____ Yes ____ No

If Yes, Please give the name of the Congregation _____

Volunteer Work/ Community Service/ Parish Involvement: (Please List)

“I affirm that as an Associate I will be financially independent of the Sisters of Saint Francis.”

Signature: _____

(over)

Please list the names, addresses and telephone numbers of three or four persons from whom we can request references.

1. _____

2. _____

3. _____

4. _____

PLEASE ATTACH A BRIEF BIOGRAPHY INCLUDING:

- Personal background
- How you became acquainted with the Sisters of Saint Francis
- How you first learned about the Franciscan Associate Program
- Why you are interested in becoming a Franciscan Associate
- Your concept of what a Franciscan Associate is
- Gifts that you bring to the Associate Program
- Occupation or previous employment

Status of Health _____

Please return this form to the Sisters of Saint Francis Associate Program Director within one month. Thank You.

Sister: Sr. Helen Hofmann, OSF
Address: 1118 Court Street – Room 33
City: Syracuse State: New York Zip: 13208

After review from the Program Director your application will be forwarded to your area director.

For office use only: Date Accepted: _____ Date Candidacy began: _____
Companion Sister _____