

Holy Trinity Catholic Parish

COUNCIL APPLICATION FORM



APPLICATION (Select one)

Parish Pastoral Council Parish Finance Council Parish Center Committee

Date ___/___/___

CONTACT INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____

Marital Status _____

Names of Children	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

QUALIFICATIONS

Yes No Are you Catholic?

Yes No Are you a Holy Trinity parishioner? If not, where are you registered? _____

Yes No Do you support Holy Trinity and use your weekly envelope?

Yes No Can you give 4-10 hours per month on council business?

Yes No Are you able to work or meet occasionally on evenings or weekends?

Please explain why you would like to serve on this council. _____

Describe your responsibilities in employment and/or professional experience that relates to this council. _____

List any church related, civic, or other community organization in which you are currently an active member: _____

List any councils/committees you serve/have served on at your previous parish or at Holy Trinity (include dates of each): _____