**St. Catharine of Siena R.C. Church**

**Parish Council**

**Application**

1. Name:
2. Address:
3. Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email address:
5. Number of Years in Parish:
6. Parish Involvement (past seven years):
7. Other Volunteer Work (past seven years):
8. Briefly describe yourself, including any special skills which may benefit Parish Council efforts:
9. Check the category that best describes you:

Young Adult\_\_\_\_\_\_\_ Senior Adult\_\_\_\_\_\_\_ In Between\_\_\_\_\_\_\_

1. Why are you interested in a position on the Parish Council?
2. How would St. Catharine of Siena Parish benefit from your service as a member of the Parish Council?
3. Are you able to work in groups of people and strive to reach consensus?
4. Are you able to stand on principles against something you believe would be ineffective or inappropriate for the Parish?
5. Are you willing to listen and give fair consideration to both sides of an issue with an open mind – before coming to a conclusion?
* Yes
1. Do you have any ideas or projects in mind that you would like to see the Parish Council address in the coming year? If so, please indicate.
2. Describe your understanding of the statement that the Parish Council provides an advisory function for the Pastor.
3. Are you able to accept a commitment that requires that you attend a 2 hour meeting (7:00-9:00 pm) scheduled for the last Thursday of every month, along with an additional service each month between meetings? (Additional time will vary.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby accept the nomination to be considered for service as a part of the St. Catharine of Siena Parish Council.

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

*Please submit completed form to the Parish Center or the Parish Council email address:* *scsparishcouncil@gmail.com* *no later than Monday, July 6, 2015*