APPLICATION SETON ASSOCIATES PROGRAM OF THE SISTERS OF CHARITY OF SAINT ELIZABETH CONVENT STATION, NEW JERSEY 07961



Name			
Telephone: (Home)		Date of Bir	th
(Work)			
			Widow/er _
C			
	Name and Number:		
Religious Affiliation Candidate		Spouse	
Background: Occupation and Place	ce of Employment		
Education and / or w	vork skills		
	riences		
			of Charity of St. Elizabeth)
Please list the name	and address of two people	from whom we may red	quest references:
1. Sister of Charity	: Name		
	Address		
2. Reference:	Name		
Signature			

1.	Please estate your reasons for wishing to become a Seton Associate.
2.	How will you integrate this commitment into your present lifestyle?
3.	Have you already been active in ministry? Please list the ministries you have served in and the church or organization(s) where you have been involved.
4.	How do you see yourself sharing in the mission and ministry of the Seton Associates?
5.	What are your expectations of the Sisters of Charity in relation to you? Please Explain.

AUTOBIOGRAPHICAL SKETCH

Please provide a brief autobiography. Include family and religious background, interests, and any other information which you wish to share about yourself. (Continue on back of sheet, if necessary.) You may submit a resume.