

# VOCATIONS WEEKEND APPLICATION

October 8-10, 2010

*Please print or type.*

Name \_\_\_\_\_

What do you like to be called? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Church affiliation \_\_\_\_\_

Parish \_\_\_\_\_

How long a member? \_\_\_\_\_

Date of birth \_\_\_\_\_

Current occupation \_\_\_\_\_

Employer \_\_\_\_\_

How long employed there? \_\_\_\_\_

Educational background:

High school \_\_\_\_\_ college \_\_\_\_\_ graduate school \_\_\_\_\_ Where? \_\_\_\_\_

Food allergies we should know about? \_\_\_\_\_

Allergies to dog or cat? \_\_\_\_\_

Please attach a separate sheet:

Have you had any exposure to religious orders in the Episcopal Church, Roman Catholic Church, or other church?

How did you become interested in exploring the religious life?

Tell us something about yourself.

Mail to: Society of St. Margaret  
17 Highland Park Street  
Boston, MA 02119-1436  
Attn: Vocations