

## APPLICATION FOR PARISH ADVISORY COUNCIL

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Number of years in St. Mary's Parish \_\_\_\_\_

(A minimum of 1 year is required to be eligible to serve)

Which church is your primary worship location? \_\_\_\_\_

What ministries are you involved in and for how long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on the Parish Advisory Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What special skills or expertise would you bring to the Parish Advisory Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include a photo with this application and turn it into Parish Office.**

Date Submitted \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Confirmation Picture is Included with Application \_\_\_\_\_

Name of Person Receiving Application \_\_\_\_\_