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



	(Email)	
Married	Divorced	Widow/er
Name and Number:		
Candidate	Spouse	
ork skills		
		f Charity of St. Elizabeth)
and address of two people	from whom we may req	uest references:
Name		
Address		
	Married Name and Number: Candidate e of Employment ork skills iences Address Name Address Address Address Address	Date of Birtl (Email) Married Divorced Name and Number: Candidate Spoorting spoort

	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.