

**DIOCESAN ACCOUNTING & FINANCE COMMITTEE  
MEMBERSHIP APPLICATION FORM**

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Preferred Contact Phone Number (Home/Office/Cell?): \_\_\_\_\_

Best times to reach you at this number? \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

**AREAS OF EXPERTISE (Check all that Apply)**

Accounting

Finance (Banking, Credit Underwriting)

**WILLING TO SERVE (Check all that Apply)**

On a committee as a member only

As a chairperson (Chairperson is Ex Officio member of the Diocesan Finance Council)

**GENERAL INFORMATION**

Age (check one): \_\_\_18-25 \_\_\_26-35 \_\_\_36-50 \_\_\_51-65 \_\_\_65+

Marital Status (check one): \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Widowed

If presently married, Full Name of Spouse: \_\_\_\_\_

If divorced /remarried, Status of Anulment: \_\_\_\_\_

Occupation (former occupation if Retired):  
\_\_\_\_\_

At which parish are you a registrered member? (Parish Name, City)  
\_\_\_\_\_

How many years have you been a registered parishioner at this parish? \_\_\_\_\_

**EDUCATION AND EXPERIENCE (ADD ADDITIONAL SHEETS IF NECESSARY)**

Highest level of education or degree and certifications earned:

---

---

Describe the gifts, skills, education and experience you would offer as a member of the committee:

---

---

---

List most recent ministries and the dates of service in which you serve, or have served, at a parish or in a diocese. List most recent other community service.

---

---

---

What other education or formation experience do you possess that you feel would be helpful in this particular ministry?

---

---

---

Why are you interested in serving on the Diocesan Accounting & Finance Committee?

---

---

---

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Pastor (Indicates Endorsement of Applicant)*

\_\_\_\_\_  
*Date*