



**FRANCISCAN SISTERS OF THE SACRED HEART
9201 W. ST. FRANCIS ROAD
FRANKFORT, IL 60423**

FSSH Associate Application

Please print this form and mail it to the address you see above.

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Ph. No. _____ E-mail _____

Religious Affiliation _____

Name of Parish & Address _____

Present Occupation (include name & address of employer) _____

Other Work Experience or Volunteer Involvement _____

Marital Status _____ Spouse's name _____

Names/ages of children _____

Educational Background _____

List names of Franciscan Sisters of the Sacred Heart that you know.

1. Name _____ Length of Acquaintance _____

2. Name _____ Length of Acquaintance _____

3. Name _____ Length of Acquaintance _____

Reference No.1

Name _____

Address _____

Ph.No. _____

Relationship _____

Reference No.2

Name _____

Address _____

Ph.No. _____

Relationship _____

On the back of this application, please answer the following questions:

1. How did you learn about our Associate Program?
2. Why do you wish to become an Associate?
3. What are your goals/expectations in this relationship with the Sisters?
4. What skills, talents, hobbies, or other expertise do you have to share in this relationship?
5. Please enclose a recent photo.

Date _____ Signature _____