

SISTERS OF DIVINE PROVIDENCE
SAN ANTONIO, TEXAS
ASSOCIATE FORMATION APPLICATION

Please print

DATE _____

NAME _____

ADDRESS _____

(mailing) _____

EMAIL ADDRESS(ES) _____

PHONE NUMBER(S) _____

Cell	Area Code	Number
------	-----------	--------

Work	Area Code	Number
------	-----------	--------

Home	Area Code	Number
------	-----------	--------

DATE OF BIRTH _____

RELIGIOUS AFFILIATION _____

OCCUPATION _____

PRESENT EMPLOYER _____

IF MARRIED, NAME OF SPOUSE _____

OTHER FAMILY MEMBER(S) _____

Please answer each of the following questions:

1. How did you hear about the Associates of the Sisters of Divine Providence?

(Were you invited by a Sister or an Associates? If yes, list their name(s).)

2. Describe briefly your relationship with the Sisters of Divine Providence.

3. What are your hopes and expectations as an Associate?

4. How do you feel called to live out the charism of Providence?

5. What kind of involvement are you seeking?

6. What gifts do you bring to the Associates and to the Sisters of Divine Providence?
(Include your hobbies and talents, such as music, art, writing, organizing skills, etc.)
