

JOLIET DIOCESAN PASTORAL COUNCIL APPLICATION

Cluster # _____

PLEASE PRINT

Name _____ Parish _____
(Last) (First) (Name) (City)

Home Address _____
(Street) (City) (Zip)

Home Phone () _____ Work Phone () _____ FAX () _____

E-mail Address _____ Date of Birth ____/____/____ Marital Status _____

If married, name of Spouse _____

Please describe briefly:

1. Education/ Work Experience

2. Parish Involvement

3. Expertise you could bring to the Diocesan Pastoral Council

Note: Applicants will be notified as to whether or not they have been selected for membership.
Please return this sheet to Sr. Judith Davies, OSF by mail, fax, or e-mail.
(Mail: The Chancery, 425 Summit Street, Joliet 60435; Fax: 815-722-6602; E-mail: jdavies@dioceseofjoliet.org)