



Society of St. Vincent de Paul Georgia

Membership Information & Application

If you're looking for a way to practice your faith in a meaningful way, then you are in the right place. Friendship, Spirituality and Service are our fundamental elements. We strive to live those everyday as Vincentians.

➤ **Please fill out this application to be considered for membership in The St. Vincent de Paul Society.**

The Society of St. Vincent de Paul in the United States has three types of membership: the Active (Full) Member, the Associate Member, and the Contributing Member.

Active (Full) Members are those who participate regularly in the prayer life, meetings, and charitable activities through personal contact with the poor of the Vincentian Conference into which they have been received. An Active (Full) Member accepts the Rule and Statutes of the Society, belongs to the Catholic Church, and is received as a Vincentian brother or sister in to the Society's Conference.

Active (Full) Members are expected to:

- Attend regularly scheduled meetings
- Help plan and facilitate service activities
- Participate in service activities

Associate Members are those affiliated with the Society by formal action of the Conference with which the member will be joined. Associate Members include those who sincerely and publicly accept the Society's Rule but may or may not belong to the Catholic Church and may or may not attend Conference Meetings or engage in the works of the Society on a regular basis. Associate Members are kept informed of the developments and activities of their immediate groupings, as well as the general progress of the Society, particularly in the local area or diocese. They are invited to attend the general meetings and special observances of the Society and to participate in its charitable activities.

There is no membership fee. Members need a sincere desire to help the poor and a concern for the welfare of those in need. The Society of St. Vincent de Paul does not discriminate in volunteer placement and no questions on this application are used for the purpose of limiting or excluding any applicant's consideration for volunteer placement on a basis prohibited by local, state or federal law.

Please complete the attached application and return it to your Conference President or designated member.



VINCENTIAN MEMBERSHIP APPLICATION

**Please fill out all applicable information and submit to your Conference President or designated member.*

PLEASE PRINT * <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> RENEWING MEMBER	
MEMBER TYPE	DATE OF APPLICATION ___/___/____
<input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Contributing	
*CONFERENCE/PARISH NAME: _____	
CONTACT INFORMATION	TITLE OR SALUTATION (circle one): MR DR MRS MISS MS DEACON REVEREND BROTHER SISTER *FIRST NAME _____ *LAST NAME _____ SUFFIX _____ *ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____ COUNTRY _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____ *E-MAIL ADDRESS _____ EMPLOYER _____ OCCUPATION _____ TITLE _____
DEMOGRAPHICS	*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female *DATE OF BIRTH ___/___/____ (Year Only is Acceptable) *ETHNICITY (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown LANGUAGES SPOKEN (other than English) _____
PARTICIPATION	*MEMBERSHIP BEGIN DATE (MM/DD/YYYY) ___/___/____ I WILL BE PARTICIPATING IN ST. VINCENT DE PAUL AS (check all that apply): <input type="checkbox"/> Intake Worker <input type="checkbox"/> Case Worker <input type="checkbox"/> Food Pantry Helper <input type="checkbox"/> Mentor <input type="checkbox"/> Formator Conference Officer: <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Spiritual Advisor District Officer: <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Spiritual Advisor PLEASE CHECK ANY TRAINING(S) YOU HAVE COMPLETED IN THE LAST 5 YEARS: <input type="checkbox"/> Ozanam Orientation <input type="checkbox"/> Home Visit <input type="checkbox"/> Child Abuse Prevention <input type="checkbox"/> CMS (beginner) <input type="checkbox"/> Invitation to Lead <input type="checkbox"/> Instructor Formation <input type="checkbox"/> Other _____
ACCEPTANCE	CONTACT PREFERENCES: Mail <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail <input type="checkbox"/> Yes <input type="checkbox"/> No Phone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Contact Please
I confirm that the information given in this application is true, complete and accurate to the best of my knowledge. I also hereby consent for Society of St. Vincent de Paul Georgia to use my name, likeness or program participation for public relations purposes; I understand that I will not receive compensation for any such use.	
*SIGNATURE _____ DATE _____	

Please Circle Yes or No:

Are you a detailed person?	YES	NO
Can you apply your skills to fit unusual situations?	YES	NO
Are you a good negotiator?	YES	NO
Are you a Manager or Leader?	YES	NO
Are you familiar with Social Media?	YES	NO

Do you like:

Problem solving?	YES	NO
Working with people from different cultures and backgrounds?	YES	NO
Working with computers?	YES	NO
Fundraising?	YES	NO
Planning, scheduling or organizing?	YES	NO
Working with print and electronic media?	YES	NO
Working with numbers, records or accounting?	YES	NO
Working with personnel or training?	YES	NO
Public Speaking?	YES	NO
Helping fill out forms and paperwork?	YES	NO
Sorting & distributing clothing and household donations?	YES	NO
Assisting in clean-up efforts?	YES	NO
Assisting in afterschool / summer programs for children?	YES	NO
Assisting elderly with household chores or repairs?	YES	NO
Delivering food and other items to those in need?	YES	NO
Assisting in Career Development and Job Placement searches?	YES	NO
Teaching others skills that will help them become more successful?	YES	NO
SVdP members meet at least twice a month to come together to pray/reflect on the Gospel message and to conduct organizational business. Do you feel you can commit to this requirement?	YES	NO
SVdP is primarily a spiritual organization. Do you feel you are being called at this time in your life to grow more spiritually as an individual and together with other SVdP members?	YES	NO
SVdP members participate in outreach activities to serve the poor and disadvantaged in Georgia; the most important of these activities is the HOME VISIT. Do you feel comfortable with visiting the poor in their homes?	YES	NO
Speaking with them on the phone?	YES	NO

What other talents or skills you would like to contribute or utilize as a member of SVdP?
