

SVdP, ST. THOMAS AQUINAS CONFERENCE
NEW MEMBER INFORMATION

New SVdP members are requested to complete this background information when becoming an SVdP member. This will assist the Society in keeping its membership files up to date and its national membership profile accurate. This information will be kept confidential!

(Please Print)

Date: _____

Membership Identification:

Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr. _____ Dcn. _____

Last Name _____ First Name _____ Initial _____

Address _____ Phone: Home (____) _____ Cell (____) _____

City _____ State NM Zip _____

Parish: STA _____ SJV _____

E-mail address _____

Current Occupation _____
(If retired, add occupation before retirement)

Skills, please be specific: _____

Membership Profile

Gender: _____ Male _____ Female

Age: Under 19____ 19 to 39____ Over 39____ Date of Birth: _____

Ethnicity: _____Asian _____Hispanic/Latino _____Mixed/Other
_____African-American _____Alaskan Native/American Indian
_____Caucasian _____Native Hawaiian/Other Pacific Islander

Education: _____Elementary _____High School _____College _____Post Graduate

Language Proficiency: Oral _____ Written _____
English _____
Spanish _____
(Other) _____

Hobbies/Special Interests: _____

The Archdiocese of Santa Fe requires all volunteers to complete Abuse Awareness Training: _____
The Society of St. Vincent de Paul requires Ozanam Orientation within the first year: _____
Home Visitor volunteers will receive Home Visit Training: _____