

Magdalen Catholic School School Council Application

Please return completed application by **May 15th** for consideration of next school term

Contact Information – please type in the following information

Name	<i>Click here to enter text.</i>
Street Address	<i>Click here to enter text.</i>
City ST ZIP Code	<i>Click here to enter text.</i>
Home Phone	<i>Click here to enter text.</i>
Work Phone	<i>Click here to enter text.</i>
Cell Phone	<i>Click here to enter text.</i>
E-Mail Address	<i>Click here to enter text.</i>

School Affiliation – please check the applicable boxes

Please check the affiliation that best describes your current status.

- Children that are in Kindergarten or younger
- Children in 1st through 5th
- Children in 6th through 8th
- Children who have graduated 8th Grade
- No Children at Magdalen

How many years have you been a Magdalen Parishioner?

- Less than 2 Years
- 2 Years, but less than 5 Years
- More than 5 Years

Please list your previous parish: *Click here to enter text.*

Professional Background/Skills – please check the applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Teaching/Facilitating/Training |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> IT |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Security/Law Enforcement |
| <input type="checkbox"/> Policy Writing | <input type="checkbox"/> Social Services/Counseling |

Please state why you are interested in joining School Council

Click here to enter text.

Previous Volunteer Experience

Click here to enter text.

Thank you for your interest in this stewardship opportunity!