

REFERENCES

Personal/Professional:

Name: _____
 Mr./Mrs./Ms./Fr./Sr. First Last

E-mail address: _____ Phone: _____

Priest or Parish staff person:

Name: _____
 Mr./Mrs./Ms./Fr./Sr. First Last

E-mail address: _____ Phone: _____

STATEMENT

In the following space, please explain why you would like to serve on the Diocese of Arlington CCHD/CRS Committee:

AVAILABILITY/COMMITMENT

New members are expected to attend an orientation session in January, 2009.

The full committee will meet twice a year. These meetings will be a goal-setting session held in June and the Fall Day of Reflection. In addition, each member is expected to serve on a sub-committee, which will meet at the discretion of the chairperson, at least four times a year. Please allow two hours for meetings.

My preference for meeting times on weekdays is:

Lunchtime (noon) early evening (5:00/5:30) later evening (7:00/7:30)

If chosen, I agree to serve for the two-year term, unless unforeseen circumstances arise. I will make it a priority to attend all meetings, especially those of the full committee.

Signature

Date