

Metro-East Vicariate CCW Leadership Application Form

**Forward this completed form to Maggie Burns at jmburns@htc.net*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Alt Phone: _____

Email Address: _____

Parish: _____

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Position of Interest: _____

Reason for Seeking Position: _____

Pertinent Experience: _____

Other information the applicant would like to present: _____

****Thank you for your interest. This form will be forwarded to the Chair of the Nominating Committee for review. A member of this committee will contact you upon receipt. If you do not get a response within two (2) weeks please contact Maggie at 618-792-4644.**