



## Expression of Interest for Membership of a Council, Board or Committee.

### Section 1: Personal Details

<b>Title:</b> <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Sr <input type="checkbox"/> Br <input type="checkbox"/> Other - please specify:				
<b>First Name:</b>		<b>Last Name:</b>		
<b>Street address:</b>				
<b>Suburb/Town:</b>		<b>State:</b>	<b>Postcode:</b>	
<b>Postal address:</b>				
<b>Telephone: (Home)</b>		<b>Telephone: (Business)</b>		
<b>Telephone: (Mobile)</b>		<b>Fax:</b>		
<b>Email address:</b>				
<b>Age Group (please circle)</b>	<b>18 - 30</b>	<b>31 - 45</b>	<b>46 - 60</b>	<b>60+</b>
<b>Occupation:</b>				
<b>Current Employer:</b>				
<b>Position held:</b>				
<b>Parish/Church Organisation:</b>				

## Section 2: Professional Details

1. Education/Academic Qualifications

---

---

---

---

---

2. Employment/Professional Experience

---

---

---

---

---

---

---

---

---

---

---

3. Previous experience on Councils, Boards, or Committees?

---

---

---

---

---

---

---

4. Current and/or previous involvement in the mission of the church.

---

---

---

---

---

---

---

### Section 3: Referees

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

<b>Name of referee:</b>	
<b>Address:</b>	
<b>Relationship to nominee:</b>	
<b>Telephone:</b>	

## Section 5: Certification

I, the undersigned, certify that:

- I agree to the personal details on this form being recorded and used by the members of the Boards Appointment Committee to assist in the nomination process for Council, Board or Committee membership;
- I confirm that the details provided are correct to the best of my knowledge;
- I have the approval of my nominated referees to offer their names and I have no objection to them being contacted; and
- I confirm that to the best of my knowledge there is no impediment to my nomination for membership of an Archdiocesan Council, Board, or Committee.

### PLEASE SIGN HERE:

Signature: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE RETURN COMPLETED FORM TO:

Secretary; Board Appointments Committee  
PO Box 146  
East Melbourne 8002  
Email; [joseph.mcnamara@cam.org.au](mailto:joseph.mcnamara@cam.org.au)

On submission of the completed form, you will be contacted to arrange a time for an interview.

If you have any questions concerning this form, do not hesitate to contact Mr Joseph McNamara on telephone 9926 5684.