LAY FRATERNITIES OF SAINT DOMINIC

DOMINICAN PROVINCE OF SAINT MARTIN DE PORRES

APPLICATION FOR TRANSFER INTO A CHAPTER
AND CONFIDENTIAL INQUIRY REQUEST

MEMBER PERSONAL INFORMATION

To Be Completed by the Applicant for Transfer into a Chapter:

NAME: _____

ADDRESS: _____

_____

CITY: _____ **STATE:** _____ **ZIP:**_____

PHONE: HOME: _____ **CELL:** _____

E-MAIL: _____

CURRENT CHAPTER/GROUP INFORMATION

CURRENT GROUP/ CHAPTER NAME: _____

GROUP/CHAPTER PRESIDENT: _____

ADDRESS: _____

_____

CITY: _____ **STATE:** _____ **ZIP:**_____

PHONE: HOME: _____ **CELL:** _____

E-MAIL: _____

The following statement of permission must be completed by the applicant for transfer. This application will be forwarded to the applicant's current Chapter/Group President for verification.

STATEMENT OF PERMISSION

I hereby give my express permission to the authorized representatives of _____ Chapter/Group of the Dominican laity to obtain the information as indicated on this questionnaire. I understand that all information provided will be kept strictly confidential and used only for evaluating my transfer request.

NAME OF APPLICANT (please print) _____

SIGNATURE _____ DATE _____

CONFIDENTIAL INQUIRY

To be completed by the President of the Applicant's current Chapter/Group:

The Brother/Sister named above recently applied for transfer from your Chapter/Group to our Chapter/Group. In order to evaluate this application, we would appreciate you providing the following information. Please be assured that your response will be held in strict confidence.

Is the information included on this application accurate and complete?
Yes☐ No☐
If no, please explain:

How has this applicant functioned in your Chapter/Group?

How has this applicant contributed to the quality of the community life in your Chapter/Group?

Did the applicant in any way have a negative impact on your Chapter/Group?

Would you accept the applicant if he/she were to reapply to your Chapter/Group?

Thank you for time and consideration in this request. If you have any questions or concerns, contact information is listed on the bottom of this page. Please return this questionnaire to the address listed below at your earliest convenience.

Yours in St. Dominic, St. Catherine, and St. Martin,

_____ _____

SIGNATURE OF RECEIVING CHAPTER/GROUP PRESIDENT DATE

RECEIVING GROUP PRESIDENT _____

ADDRESS _____

_____

_____

PHONES: HOME: _____ CELL: _____

E-MAIL _____