

Application for School Advisory Council (S.A.C.) Candidacy

(Revised 5/12)

Note: Criminal and child abuse background clearances must be provided at time of application. S.A.C. members cannot be school staff members.

A. General Information

School: \_\_\_\_\_

Courtesy title (Mr., Mrs., Dr., etc.): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Parish name and location that you attend: \_\_\_\_\_

B. Questionnaire

Please answer each question with a yes or no response.

- 1. Are you a baptized, practicing Catholic? \_\_\_\_\_
2. Are you 21 years of age or older? \_\_\_\_\_
3. Do you participate in the ongoing life of your parish, especially Sunday Eucharist? \_\_\_\_\_
4. Do you uphold the doctrines, law, and teachings of the Catholic Church? \_\_\_\_\_

Are you prepared to do the following:

- 5. Maintain the highest levels of personal integrity? \_\_\_\_\_
6. Actively and publicly support S.A.C. decisions and the Principal? \_\_\_\_\_
7. Maintain confidentiality of all S.A.C. deliberations? \_\_\_\_\_
8. Actively and generously support with all available, personal resources the programs and operations of the school? \_\_\_\_\_
9. Maintain regular attendance at S.A.C. meetings? \_\_\_\_\_
10. Abide by the bylaws and policies of the S.A.C. and the Declaration of Trust? \_\_\_\_\_
11. Deliberate on all matters before the S.A.C. in good faith and for the common good of the school, the Diocese of Greensburg, and the Roman Catholic Church? \_\_\_\_\_

C. Statement of Understanding

I attest that the information contained within this document is complete and correct. I understand that my possible membership to the School Advisory Council provides no compensation nor shall benefit me financially. If selected to serve as a member of the School Advisory Council I understand that as a condition of my membership I must complete orientation and training provided by the Office for Catholic Schools of the Diocese of Greensburg and neglecting to do so will forfeit my appointment. I have read and understand Section 4.6 Membership of the School Advisory Council, within the bylaws of the school for which I intend to be a School Advisory Council member.

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

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

School Use Only

Recommendation of: Principal \_\_\_\_\_ Board of Trust Administrators \_\_\_\_\_ Trust Advisor \_\_\_\_\_

Appointment by the Bishop: \_\_\_\_\_