

Provincial Oversight Committee (POC) Board Application

Name _____ Cell Phone#: _____

Address: _____ City: _____ State: _____

Diocese: _____ Chapter: _____

Year DGD Started: _____ Year DGD Complete: _____

Your Mentor's Name: _____

What do you like about DGD? _____

How has DGD affected your life? _____

What position are you interested in applying for? (See job descriptions)

1. Chair
2. Vice Chair
3. Registrar
4. Secretary
5. Publication
6. Provincial Chaplain

If accepted, are you able to travel twice a year to board meetings and participate in conference calls? _____