***STEP ONE: Provide general information about Conference.***

|  |  |  |  |
| --- | --- | --- | --- |
| CONFERENCE: | Enter the Conference name. | DISTRICT NAME: | Select the District Council. |

STATEMENT OF PARTICIPATION:

The members of the above named Conference has approved, at its regular Conference meeting, to be included as a participant in Archdiocesan Council’s Twinning Program as described in this application and agree to follow any agreements made with our Twinning Partner and the policies of the Twinning Program.

ATTESTED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference President Date

|  |  |  |  |
| --- | --- | --- | --- |
| Conference Contact Person: | Contact name. | Email: | Contact email address |
| Telephone Number: | Enter Phone #. | Alt. Number: | Alternate phone number. |

***STEP TWO: Check one of the following options:***

|  |  |
| --- | --- |
|  | Conference **needing assistance – Complete Section 1** |
|  | Conference **able to provide assistance – Complete Section 2** |

**Section 1 - Conference needing assistance (Describe the Need)**

Brief Description of the Conference:

|  |
| --- |
| Enter a brief description of the Conference. |

*Please check the following needs and agreement:*

|  |  |
| --- | --- |
|  | Treasure – Financial Assistance Funds are needed for: |
| Explain why you need the funds. |
|  | Time (Need help in delivering services or picking up materials, home visits, etc. |
| Explain what you need help with. |
|  | Talent (Need for help with technology, SMS, bookkeeping, spiritual advisor or development, etc.) |
| Explain what you need help with. |

*The Conference agrees to communicate with their Twinning Partner in order to develop a strong Vincentian relationship.*

**Section 2 - Conference able to provide assistance**

We wish to Twin with a Conference (s) by providing the following assistance:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Treasure – Financial Assistance Funds: | | | | |
| We pledge to contribute: $Enter the amount to pledge. | | | | |
| Month | Quarter | Year | Other | Other Described. |
|  | Time (Help in delivering services or picking up materials, home visits, etc. Please describe: | | | | |
| Explain what you will help with. | | | | |
|  | Talent (Help with technology, SMS, bookkeeping, spiritual advisor or development, etc.) Please describe: | | | | |
| Explain what you will help with. | | | | |

*We agree to work with our District President and potential Twinning Partners to develop and implement a Twinning Agreement and keep the Council’s Twining Coordinator informed on which partner we choose.*

***STEP THREE – Submit this form to your District Council President***

***FOLLOW UP***

1. Your District Council President will work with you and the Twinning Coordinator to determine the best Twinning Partner(s) match. For existing Twinning Partners this process will affirm and update current arrangements.

2. The Twinning Coordinator will assist in developing an agreement between Twinning Partners. It is recommended any agreement be ratified by members of both Conferences.

3. The Twinning Partner relationship can be discontinued at any time. Please advise the Twinning Coordinator of any changes since other Conferences may desire to become a Twinning partner.

*Please note the Twinning arrangements will remain confidential with information shared with only the Conferences involved, their District President and the Twinning Coordinator.*

COUNCIL TWINNING COORDIATOR – Will maintain a listing of Twinning Partners, Twinning Request Forms, and any Twining Agreements.

*For help in completing this form contact the Twinning Coordinator:   
Marilyn O’Sullivan at (210) 422-8842*