

Ministry Formation Application

Date: _____

Name: _____
Prefix first middle last maiden

Contact Information

Address: _____

City: _____ Zip: _____

Phone (1): _____ (H) (C) (W)

Phone (2): _____ (H) (C) (W)

FAX: _____ (H) (W)

Email: _____ (H) (W)

Birth date: _____

Parish (where you are registered):

Parish City Pastor

Direct Supervisor Name and Position

Ministry Audit

1. Current ministry position (or primary ministry):

_____ Title

_____ Parish / organization number of years in position

2. Other current ministry involvements (Social outreach, Liturgical, etc):

Ministry Formation

Academic Degrees (Name of institution, degree awarded and year of graduation):

Certificates or Additional Training: _____

Certification

Level (if applicable):

- Level III (Basic)
- Level IV (Intermediate)
- Level V (Advanced)

Area(s):

- Pastoral Minister/Associate
- Catechetical Leader
- Youth Ministry
- Pastoral Coordinator
- Director of Worship
- Director of Music Ministries

Certifying Agent (Bishop, Diocese, organization)

Certificate issue and expiration date

Marital Status (marital status, age and race are used for statistical purposes only)

__ Married __ Single __ Divorced __ Separated __ Widowed

Age

__ Under 30 years old __ Age 30-39 __ Age 40-49 __ Age 50 – 59 __ Age 60 or older

Race or Ethnicity

__ Caucasian __ African American __ Asian/Pacific Islander __ Latin American
__ Hispanic __ Native American __ Other

Why are you pursuing the Ministry Formation Program?

For Office Use Only:

Received: _____