

Disciples Fully Formed
The Lay Formation Institute
of the Diocese of Pensacola-Tallahassee

Welcome to the application process. Please take your time to ensure that you answer all questions properly and completely. The applications are due to the Office of the Lay Formation Institute on or before **June 4, 2018**. The application process will include a level 2 background check performed through the Diocese of Pensacola-Tallahassee.

Application

The application should as complete as possible. Your statement of purpose should be submitted with your completed application.

Statement of Purpose

Please provide a *typed, double spaced* essay stating your purpose for applying to the Lay Formation Institute which will enable the admission committee to understand your reasons for applying, your interest in ministry, and how you and your parish will profit from your participation in the program.

Recommendation Forms

It is your responsibility to provide your references with a recommendation form. Your references may return their completed forms to you, or they may send them directly to our office. All participants need a pastor recommendation form which should be submitted directly to the Lay Formation Institute office.

Background Check

Participation in the Lay Formation Institute requires a level 2 background check, performed through the Diocese of Pensacola-Tallahassee:

- If you have already undergone a Diocesan background check, please make certain that the name on your application matches the name used for your background check and mark the appropriate check box
- If you need to arrange for a Diocesan background check, contact your parish office

Documents

The following are also required before your application will be processed:

1. 2 recommendation forms – these may be submitted with your application, or mailed directly to our offices by your references.
2. The pastor recommendation form – this should be submitted directly by your pastor to our office.
3. Baptismal certificate issued in the last 6 months
4. If married, a copy of church marriage certificate

Please return by June 4, 2018 to:

**Msgr. James Flaherty, Lay Formation Institute
11 North B Street
Pensacola FL 32502**

GENERAL INFORMATION

Full Name: _____

Age: _____ Birthdate: _____ I have undergone a Diocesan Background Check: YES NO

Home Address: _____

Phone: _____ Email: _____

Mailing address (if different from above): _____

Home Parish: _____ Pastor: _____

Spouse Information, if applicable:

Spouse Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Emergency Contact (other than spouse)

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

RELIGIOUS BACKGROUND

Please include an original Baptism Certificate from the church where you were baptized. This certificate must have been issued within the past six months.

A. Sacraments of Initiation

Date of Baptism: _____ Church: _____

Address, City, State: _____

First Communion: _____ Church: _____

Address, City, State: _____

Confirmation: _____ Church: _____

Address, City, State: _____

B. Marriage and Family

1. Your current marital status: Single (never married)
 Married (once & currently)
 Widowed
 Separated/Divorced

2. If currently married:

Were you ever married outside of the Catholic Church (e.g., common law; JP/civil marriage; another church)? YES NO

CHILDREN

Name	Date of Birth

C. Religious Practice

Do you currently have a Spiritual Advisor/Director, or someone with whom you regularly discuss your spirituality and vocational choice? How often do you meet? What do you find most beneficial from your time together. Is the spiritual director a priest? _____

Please place a check mark in front of each ministry/activity in which you have been involved within the last ten years. Please complete any other information requested for all items you checked.

Check if "yes"	Ministry	Number of years	Did you receive training for this ministry?
<input type="checkbox"/>	Altar Server		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Reader (lector)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Extraordinary Minister of Holy Communion <input type="checkbox"/> At Mass <input type="checkbox"/> To the sick / homebound		<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/>	Usher / Greeter		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Music Minister <input type="checkbox"/> choir leader <input type="checkbox"/> choir member <input type="checkbox"/> cantor <input type="checkbox"/> instrumentalist (specify: _____)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Sacristan		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	RCIA Team <input type="checkbox"/> Leader <input type="checkbox"/> Teacher <input type="checkbox"/> Sponsor		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Catechist <input type="checkbox"/> Children (grades: _____) <input type="checkbox"/> Sacrament preparation <input type="checkbox"/> baptism <input type="checkbox"/> 1 st reconciliation <input type="checkbox"/> 1 st communion <input type="checkbox"/> confirmation <input type="checkbox"/> Adult faith formation		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Marriage preparation / mentor couple		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Ministry to the homeless		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Prison ministry		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Retreat Experiences (CHRP, Cursillo, ACTS) <input type="checkbox"/> Participant <input type="checkbox"/> Team		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Other (please specify / describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Religious History

1. Are you a life-long member of the Catholic Church? Yes No

2. If not, please specify the year you entered the Roman Catholic Church: _____

Where? Church: _____

City: _____ State (or Country): _____

a. Former Denomination/Religion _____ Years of Affiliation _____

b. Level of involvement in previous Denomination/Religion:

c. Reason for Conversion/Seeking Full Communion:

3. If you have always been Catholic, have you ever been away from the Church for a period of time? Yes No If yes, please describe the situation in detail.

EDUCATIONAL BACKGROUND

A. Grade Schools

NAME **CITY/STATE** **DATES ATTENDED** **CATHOLIC?**

NAME	CITY/STATE	DATES ATTENDED	CATHOLIC?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

B. Secondary Schools (*high schools*)

NAME	CITY/STATE	DATES ATTENDED	CATHOLIC?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. Catholic Instruction (*e.g., CCD, school of religion, parish classes*)

If you did not attend Catholic Schools, please list your additional religious instruction.

D. Colleges, Universities, Seminaries

NAME	CITY/STATE	DATES ATTENDED	MAJOR

Degrees

Please list degrees earned along with school.

REFERENCES

Please list the names and addresses of two persons who will be completing a recommendation form for you. *If your parish will be sponsoring you, one form must be from your pastor.*

1. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Print Name

Signature

Date

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