



APPLICATION for ADMISSION Lay Ecclesial Ministry Formation Program 2015-2019

Under the direction of the Bishop of Salt Lake City, the Office of Religious Education offers a Lay Ecclesial Ministry Formation Program that is grounded in our baptismal call and faithful to the tradition of the Catholic Church. Based upon “Co-Workers in the Vineyard of the Lord” (USCCB, 2005), the program’s primary purpose is to prepare and develop leaders through formation that integrates spiritual, intellectual, human, and pastoral dimensions for the building up of the Body of Christ and the saving mission of the Church.

"Lay persons who devote themselves permanently or temporarily to some special service of the Church are obliged to acquire the appropriate formation which is required to fulfill their function properly and to carry it out conscientiously, zealously, and diligently." -Code of Canon Law, Canon 231

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____

City, Town, State, ZIP _____

Phone numbers: Daytime _____ Evening _____

Cell Phone _____ Social Security # _____

E-Mail Address _____

Marital Status _____ Spouse's Name _____

How long have you been a member of the Catholic Church? _____

No. of Years Married _____ If divorced, have you received a final divorce decree(s)? _____

If divorced, have you initiated or completed the Church's process of invalidity of marriage? ___yes ___no

Do you have children? _____

Name of Child

Age

Are you a primary caregiver for a family member or for someone other than your children? Yes ___No___ (If yes, Please explain)

Have you discussed your application with your family, and are they supportive? _____

HEALTH ISSUES

Do you have any chronic mental or physical health problems that might affect your participation in this program? Yes___ No___ If yes, please explain)

Have you completed and passed the Diocesan Safe Environment Background check? _____

Parish and year completed _____

Have you studied the calendar of events required for participants in the LEM Formation Program for 2015-2019
Yes___ No___

Are you willing to commit sufficient time to complete the activities required for participants in the Program?

SPONSORING PARISH/INSTITUTION INFORMATION

Name of Parish/Institution _____

Name of Pastor/Director _____

Are you a fully-initiated (Confirmed) member of the Catholic Church? Yes___ No___

How long have you been a member of the Catholic Church? _____

How long have you been a member of this parish? _____

In what capacity have you participated in ministries in your parish? _____

List the ministries of service in your current or past parish or Catholic institution experience:

Are you employed by a Church parish, school or other Catholic institution? If so, in what capacity and how long have you worked there?

What languages do you speak and/or write? _____

Have you served in the military? _____ Dates and branch of service _____

Have you met with the pastor regarding your application? Yes ___ No ___

Does the pastor/ (Catholic institution supervisor) support your application? Yes ___ No ___

Will your parish or Catholic institution be assisting you with financial support for the LEM Program?
Yes ___ No ___

Do you understand that the candidacy, admission, and/or completion of the LEM program are not a guarantee of future employment?
Yes ___ No ___

EMPLOYMENT HISTORY

Describe your work experience. Describe your present occupation: (Attach resume if appropriate.)

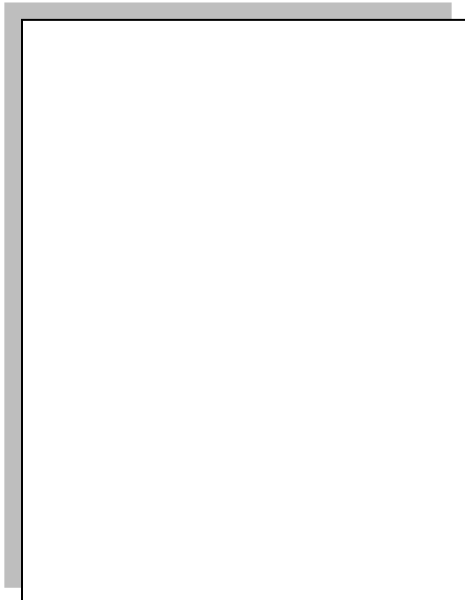
Company	Location	Years	Position Held	Reason for leaving

I have completed	Date	Place	Protocol No.
Lack of Form Process			
Prior Bond Process			
Pauline Privilege of the Faith			
Formal Process of Annulment			

X

Applicant Signature

Date _____



Please attach a recent photo in the space above.

Return this completed application by **June 15, 2015** to:

Diocese of Salt Lake City
Office of Religious Education: Susan Cook Northway, Director
27 C Street
Salt Lake City, UT 84103