

3. EMPLOYMENT: CURRENT

PROFESSION / OCCUPATION _____ NO. OF YRS _____

____ Employed _____ Self Employed _____ Retired (date) _____ Retired, military(date)

NAME OF COMPANY: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

NAME OF EMPLOYER OF SUPERVISOR: _____

PRIOR HISTORY (INCLUDING MILITARY SERVICE, IF ANY)

Name of Employer	City	Dates From/ To	Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The diocesan expectation is that you are able to adequately support and provide health and retirement benefits for yourself and your family. Are you able to do this? _____Y _____N

If No, please explain:

4. PARISH AFFILIATION

NUMBER OF YEARS AS PRACTICING CATHOLIC: _____

HOME PARISH: _____

NO. OF YRS. IN PARISH: _____ PASTOR'S NAME: _____

Sponsoring Parish/Agency/Institution if other than Home Parish: _____

Name of Sponsor if other than Pastor: _____

Describe your background in ministry (current or previous) in your parish or community. Please provide details of your experience in **each of the three areas below**: (use additional page if necessary)

1. CHARITY and JUSTICE: (service to the sick, hungry, mourning, poor, alienated, marginalized, etc.)

2. WORD: Evangelization/Catechesis (RCIA, Religious Education, etc.)
or Sacramental Preparation Program(s)

3. LITURGY:

- () Lector; Years of Experience _____
- () Eucharistic Minister; Years of Experience _____
- () Other Liturgical Ministries (*Please explain*) _____

Describe additional areas of Church or civic service that support your application to Diaconate Formation

5. READINESS FOR PARTICIPATION IN FORMATION

Do you understand that ordination to the Diaconate is a life-long commitment in service to the Church? _____Y _____N

Married applicant complete this section:

Have you and your wife discussed your desire to become a Deacon? _____Y _____N

Does your wife have any reservations regarding your participation? _____Y _____N

Do you agree to your wife's participation in the Diaconate Program? _____Y _____N

Do you have any reservations regarding your wife's participation? _____Y _____N

If Yes, please explain: _____

Wives are required to fully participate in the one year Aspirancy Program. Is there anything to prevent your wife's participation? _____Y _____N

If Yes, please explain: _____

Do you think you and your wife can prioritize the time needed to participate in the 4 year formation program? _____Y _____N

If No, please explain: _____

(Note: After Aspirancy, wives are encouraged to fully participate in the three year formation program and required to attend the annual weekend retreat and other special events.)

Are you (or your spouse) now involved or expect to be involved in any legal or court action? _____Y _____N

If Yes, please explain: _____

Do you (or your spouse) have a history of any situations or relationships that could adversely affect your ministry as a Deacon or bring scandal to the Church? _____Y _____N

If Yes, please describe: _____

UNDER CURRENT CHURCH LAW, A MARRIED DEACON, IF WIDOWED, MAY NOT REMARRY WITHOUT SPECIAL DISPENSATION FROM THE VATICAN.

IF SINGLE OR WIDOWED

UNDER CURRENT CHURCH LAW, AN UNMARRIED CANDIDATE MAKES A PUBLIC PROMISE AT HIS ORDINATION TO REMAIN CELIBATE.

6. CHILDREN

NAME	AGE	SCHOOL / OCCUPATION
------	-----	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will your children who live with you adapt to the time commitment you and your wife will be giving to the formation program?

Do you have children **not** living with you and under the care of a former spouse or other? _____Y _____ N
Explain if yes _____

Do you have any dependents other than your child(ren)? _____Y _____N If "yes" indicate who the dependent(s) is/are: _____

Do they live at home with you? _____Y _____N

If "yes", indicate who

If accepted into the Formation Program, will your participation cause you any financial difficulty?

_____Y _____N

If "yes", explain: _____

7. MEDICAL HISTORY

Describe any physical disability or chronic illness that may prevent you from full participation in the program.

Have you experienced or been treated for any mental or emotional difficulty or any alcohol or chemical dependency? _____Y _____N

It yes, please explain: _____

8. EDUCATIONAL BACKGROUND

Highest grade completed _____ Diploma/Degree(s) awarded

Year when most recent diploma or degree was awarded _____

If college or university degree, what was your major? _____

Vocational Education or Job Training: _____

Continuing Education/Certificate(s): _____

In addition to attendance and active class participation, the Deacon and Lay Ministries Formation Program requires extensive reading and written reflection papers. Is this a concern for you?

_____Y _____N

If Yes, please explain: _____

In what language are you most fluent? _____

Other language(s) skills, please list: _____

List Talents, Hobbies and Special Interests: _____

Special Achievements: _____

9. REQUIRED INFORMATION:

Have you ever applied for the Diaconate Formation Program in the Diocese of Boise in the past? _____Y _____N If so, what year? _____
In any other diocese? _____Y _____N If so, what year? _____
Which diocese? _____

INFORMATION REQUESTED BY THE BISHOPS' COMMITTEE ON THE DIACONATE FOR STATISTICAL REPORT:

ETHNIC GROUPINGS

() CAUCASIAN () AFRICAN-AMERICAN () ASIAN () HISPANIC
() NATIVE AMERICAN () OTHER (PLEASE SPECIFY) _____

PARTICIPATION IN PREVIOUS FORMATION: (COMPLETE IF APPLICABLE)

A. RELIGIOUS INSTITUTE: — DATES _____ SEMINARY — DATES: _____
MINOR ORDERS — DATES _____

(A LETTER OF REFERENCE IS REQUIRED FROM THE PROVINCIAL/RECTOR OF THE APPROPRIATE INSTITUTION.)

B. DIOCESAN LAY MINISTRY FORMATION PROGRAM YEAR OF COMPLETION _____
DIOCESE : _____

I AGREE TO PARTICIPATE IN PSYCHOLOGICAL TESTING, A MARITAL INVENTORY (IF APPLICABLE), SAFE ENVIRONMENT (INCLUDES A CRIMINAL BACKGROUND CHECK), AND AN INVESTIGATION OF ANY CANONICAL IMPEDIMENTS. I RELEASE THE RESULTS TO THE DIACONATE FORMATION PROGRAM STAFF, MY PASTOR, AND ANY OTHERS RESPONSIBLE FOR THE APPLICATION AND SELECTION PROCESS.

_____Y _____N I have completed the Safe Environment training program and a criminal background check through the parish. If yes, please send to us a copy of the Safe Environment certificate and the CBC approved status.
Has your wife, if applicable, completed the above?

_____Y _____N *If I and/or my wife (if applicable) HAVE NOT completed the Safe Environment training program and the criminal background check through my parish, I understand that I/we must complete them by September of the Aspirancy Path year and forward the verification records to the Diaconate Formation Program.*

Signature of Applicant _____

Note: This application will not be processed without the required letter of endorsement from your Pastor, plus his review and signature below.

Signature of Sponsoring Pastor or Agency

Date

(Note: The Pastor must review the application, including all required certificates, to ensure that there are no personal, pastoral, or canonical issues that would preclude the applicant's acceptance into formation for Holy Orders.)

PERMISSION/RELEASE

The Office of the Director of Deacon and Lay Ministries Formation adheres to a policy of strict confidentiality of records. This application form and all other information received will be kept strictly confidential and shall be disclosed only to people associated with the application process.

1. I certify by my signature that the information in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation of facts may be sufficient cause for refusal of admission.
2. I give permission to the Diaconate Formation Admissions and Scrutinies Board to contact my pastor, present employer/supervisor, as well as any references relating to this application.

Signature of Applicant

Date

The completed Application and documents are to be received by May 1st, 2012, in order to begin formation in August of 2012.

Send to:

**Deacon Richard Kulleck, Director
Deacon and Lay Ministries Formation Program
Roman Catholic Diocese of Boise
1501 S. Federal Way
Boise, ID 83705-2588**