

**Diocese of Richmond
Pastoral Ministry Leadership Formation Program
Application for Admission**

Personal Information

Status	<input type="checkbox"/> <i>Layperson</i> <input type="checkbox"/> <i>Religious</i> <input type="checkbox"/> <i>Ordained</i>		
Name			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address			
	<i>Number/Street</i>	<i>City</i>	<i>State/ Zip</i>
Telephone			
	<i>Home</i>	<i>Work</i>	<i>Cell</i>
E-mail			
Date of Birth			
Marital Status	<input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Married</i> <input type="checkbox"/> <i>Divorced</i> <input type="checkbox"/> <i>Widow</i> <input type="checkbox"/> <i>Widower</i>		
Are you a Catholic in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. Attach additional sheets if necessary.			
Parish Name			
Address			
	<i>Number/Street</i>	<i>City</i>	<i>State/ Zip</i>
Telephone			
Fax			
Name of Pastor/Pastoral Coordinator:			
How long have you been a registered member of your parish? _____ (<i># of years</i>)			

Ministry Experience

Attach additional sheets if necessary.

Title/ Description	Ministry Site	Length of Service <i>From To</i>	Paid <i>Leave Blank for Volunteer positions</i>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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Work Experience

Attach additional sheets if necessary.

Employer	Title/Description	Length of Service	
		<i>From</i>	<i>To</i>

Education

Attach additional sheets if necessary.

	Institution/City	Major/Area of Study	Degree/ Certificate	Year of Award
High School				
Undergraduate				
Graduate				
Post Graduate				
Continuing Ed/ Professional Certifications				

Do you speak any other languages? Yes, I speak _____

My level of ability is: completely fluent
 conversational/verbal skills
 adequate written skills

No, I do not speak any other languages.

References

Please list two non-family persons, other than your pastor/pastoral coordinator, one of whom is a colleague in ministry.

Name	Address/City/State/Zip	Telephone	Relationship

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Optional- For Statistical Purposes Only.

Gender *Female* *Male*

Ethnic Origin *Asian* *Black* *Caucasian* *Native American* *Hispanic*

By signing below, I grant permission to the Office of Pastoral Ministry Leadership Formation to contact any references by letter or telephone.

I attest that all information on this application is complete and accurate to the best of my knowledge. I understand that falsification may result in denial of admission to or dismissal from the program.

Applicant's Signature: _____ Date: _____

Please print, sign and return this application, a non-refundable, one time application fee of \$10.00 (Make checks payable to CDR with PMLF in the memo space), and three letters of support using the enclosed forms, including one from your pastor or pastoral coordinator, to:

**The Office of Pastoral Ministry Leadership Formation
Catholic Diocese of Richmond
7800 Carousel Lane
Richmond, VA 23294
(804) 622-5262**