



**PROGRAM OF FORMATION FOR LAY MINISTERS
Diocese of Helena**



APPLICATION FOR ADMISSION

NOTE: Information collected on this form is considered confidential, and will be used strictly for application and enrollment purposes only. Please print legibly.
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FULL NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
STREET CITY ZIP

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

TELEPHONE: HOME () _____ CELL () _____ WORK () _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____
NAME (FIRST AND LAST) RELATIONSHIP

_____ DAYTIME PHONE EVENING PHONE

PARISH: _____
NAME CITY

HEALTH CONDITIONS TO BE AWARE OF: _____

DIETARY AND/OR ACCESS CONSIDERATIONS: _____

MARITAL STATUS:

- Single _____
- Married _____ Spouse's Name: _____
- Widowed _____
- Separated _____
- Divorced _____

ACADEMIC CREDIT DESIRED: Yes _____ No _____ Unsure _____

SACRAMENTAL PROFILE:

Baptized Catholic?

_____ Yes _____ No
Church _____
Place _____
Date _____

If "No," received into Full Communion?

_____ Yes
Church _____
Place _____
Date _____

Confirmed as Catholic?

_____ Yes _____ No
Church _____
Place _____
Date _____

Celebrate Sunday Eucharist weekly?

_____ Yes _____ No

Validly married in the Catholic Church?

_____ Yes _____ No _____ Not applicable
Church _____
Place _____
Date _____

EDUCATIONAL BACKGROUND

Please list the educational institutions you have attended from high school on, dates attended, and diplomas and/or degrees earned. Also list any specialized or professional education you have received. In particular, list any theology or ministry courses, workshops, etc. (NOTE: See page 4 for additional space if needed)

MINISTRY BACKGROUND

Please describe any work or activity you have already done in ministry (parish, Catholic school, other). In what area/s of ministry, if any, are you presently involved? (NOTE: See page 4 for additional space if needed)

FUTURE MINISTRY HOPES

Please describe your hopes for future growth and involvement in ministry. (NOTE: See page 4 for additional space if needed)

APPLICANT ACKNOWLEDGMENT

I, the undersigned, hereby apply for admission to the Program of Formation for Lay Ministers (PFLM) of the Diocese of Helena. I understand that

- the Program of Formation for Lay Ministers (PFLM) is a sixteen-weekend program offered over a two-year period;
- that the program fee is \$300 per year, for a total of \$600;
- that out-of-town travel to the program site/s may be required;
- that participation in the program may involve outside reading, group discussion, occasional reports and practical ministry applications as feasible;
- that successful completion of the program entails a significant commitment of time, energy, and money; and
- that the support of one’s immediate family and parish pastor or pastoral administrator are critical.

In case of medical emergency and/or in the event I cannot be respond, I hereby grant permission for myself to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify the Roman Catholic Bishop of Helena, the Diocese of Helena, or representatives associated with the *Program of Formation for Lay Ministers (PFLM)* from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries.

I understand that, in the course of and as a result of my enrollment in the *Program of Formation for Lay Minister (PFLM)*, a visual image (e.g. still pictures, motion pictures, audio recording, video recording, or other reproduction) of myself or of work or projects created by myself may be published by the Diocese of Helena or the Foundation for the Diocese of Helena to advance the mission and purpose of the Catholic Church.

I acknowledge and understand the above conditions.

SIGNATURE: _____ DATE: _____

PASTOR/PASTORAL ADMINISTRATOR ENDORSEMENT

- _____ I endorse the candidate’s application for the program.
- _____ I endorse the candidate’s application with reservations...please contact me.
- _____ I do not endorse the candidate’s application.

SIGNATURE: _____ DATE: _____

SPOUSE ACKNOWLEDGMENT (if applicant is married or engaged)

- _____ I endorse the candidate’s application for the program.
- _____ I endorse the candidate’s application with reservations...please contact me.
- _____ I do not endorse the candidate’s application.

SIGNATURE: _____ DATE: _____

EDUCATIONAL BACKGROUND (continued)

MINISTRY BACKGROND (continued)

FUTURE MINISTRY HOPES (continued)

Please return this form **by August 15th** to:
Program of Formation for Lay Ministry
Diocese of Helena
PO Box 1729
Helena, MT 59624

For more information on the *PFLM*, contact:
John Fencik, Director
jfencik@diocesehelena.org
406-442-5820 X33