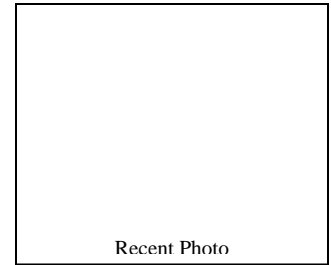




ARCHDIOCESE OF HARTFORD  
 OFFICE OF RELIGIOUS EDUCATION  
 467 BLOOMFIELD AVENUE  
 BLOOMFIELD, CONNECTICUT 06002



**APPLICATION FOR LAY MINISTRY PROGRAM  
 2010-2012**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parish and Town: \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_  
 Area of Ministry: \_\_\_\_\_

**PRESENT EMPLOYMENT**

Company/Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Description/Title: \_\_\_\_\_

**MARITAL STATUS**

Single       Married       Widowed       Separated       Divorced  
 Name of Spouse: \_\_\_\_\_  
 Date and Place of Marriage: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
 College: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Graduate Studies: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Seminary: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Adult or Non-credit courses, workshops, certificate programs or significant experience:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## RECENT PARISH INVOLVEMENT

Area: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Area: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

(Example: social action committee, 1996-1998, 2 hours per week)

## ATTACH TO THE APPLICATION

1. A brief biographical statement explaining why you would like to enter the Lay Ministry Program. State your expectations of this program and your understanding of lay ministry in the church.
2. Two letters of recommendation (your pastor and a parishioner active in the parish).
3. Application fee of \$25.00 to accompany your application. Check made out to ORE.

## STATEMENT OF SUPPORT BY THE PARISH

We consider participation in the Lay Ministry Formation Program a legitimate part of the applicant's involvement in this parish. We are prepared to support this applicant by providing financial funding (between \$1,200 and \$1,500) for the duration program. We will provide opportunities for this applicant to implement a parish project.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this application form, the fee and the recommendation letters **NO LATER THAN JUNE 30** to:

Mrs. Mary E. Marsan, M.Div.  
Office of Religious Education  
467 Bloomfield Avenue  
Bloomfield, CT 06002-2999

For more information, visit us on the web: [www.lm.orehartford.org](http://www.lm.orehartford.org)

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Acknowledgement Sent: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Letters or Recommendation: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

[www.lm.orehartford.org](http://www.lm.orehartford.org)