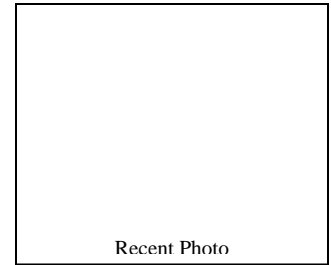




ARCHDIOCESE OF HARTFORD
 OFFICE OF RELIGIOUS EDUCATION
 467 BLOOMFIELD AVENUE
 BLOOMFIELD, CONNECTICUT 06002



**APPLICATION FOR LAY MINISTRY PROGRAM
 2008-2010**

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

FOR OFFICE USE ONLY

Date Received: _____ Acknowledgement Sent: _____

Application Fee: _____ Letters or Recommendation: _____

Date of Interview: _____

www.lm.orehartford.org