

PERMANENT DIACONATE PROGRAM

**DIOCESE OF EVANSVILLE
PO Box 4169
Evansville IN 47724**

APPLICATION FORM

Please type or print in ink

Date _____

Name _____
Surname First name Middle Name used

Wife's name _____
Maiden name First name Middle Name used

Home address _____
Number and Street Unit #

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

Cell Phone _____ E-mail _____

Are you an American citizen? Yes No (If "No" country of citizenship _____)

What is your native language: _____

Other languages spoken: _____

Date of birth _____ City/State _____

Date of baptism _____ Church _____

Confirmation date _____ Church _____

If other than Roman Catholic:

Date of entrance into the Roman Catholic Church _____

Church and location _____

Father's name _____ Religion _____

Mother's name _____ Religion _____

Mother's maiden name _____

Marriage date _____ Church _____

If other than Roman Catholic please explain:

Wife's date of birth _____ City _____

Wife's date of Baptism _____ Church _____

Wife's religion (if other than Roman Catholic) _____

CHILDREN

Name	Date of birth	Marital status	Living at home
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any special needs or considerations for your children?

CURRENT PARISH

Current Parish _____ Pastor _____

Parish address _____

How long in this parish? _____

Previous Parish _____ Pastor _____

Parish address _____

How long in this parish? _____

EDUCATIONAL BACKGROUND

High school _____
Name City State

Dates attended _____

College or University _____
Name City State

Dates attended _____ Degree or Diploma attained _____

Graduate studies _____
Name City State

Dates attended _____ Degree or Diploma attained _____

Have you ever been dismissed from school? Yes No

If yes, please attach an explanation.

EMPLOYMENT BACKGROUND

Current occupation/position _____

Employer _____

Employer address _____

Length of time with this employer _____

Previous occupation/position _____

Employer _____

Employer address _____

Length of time with this employer _____

Previous occupation/position _____

Employer _____

Employer address _____

Length of time with this employer _____

PERSONAL INFORMATION

If your answer is YES to any of the following questions, please supply additional information on another sheet if necessary.

Have you had a previous marriage? Yes No

Date _____ Location _____

Has your wife had a previous marriage? Yes No

Date _____ Location _____

Were you or your wife ever married in a civil ceremony or in another church or religion other than Roman Catholic? Yes No *(If yes, please explain)*

Have you or your wife even been legally separated? Yes No *(If yes, please explain)*

Have you or your wife ever been divorced? Yes No *(If yes, please explain)*

Have you or your wife ever obtained an annulment? Yes No

If yes, please explain. (Please attach annulment form if necessary.)

Are any of your children adopted, step-children or foster children? Yes No

Please list.

Were you ever a member of, or a candidate of, any religious community?

Yes No *(If yes, please explain)*

Did you ever attend any Seminary or any other school for Special Religious Education or Formation? Yes No *(If yes, please explain the circumstances of leaving)*

Date _____ Location _____

Have you ever applied to any Permanent Diaconate Program or submitted materials as part of a diaconate application process in this diocese or any other diocese?

Yes No *(If yes, please explain)*

Date _____ Location _____

What is your current overall health condition? _____

Have you ever requested or received counseling, treatment or hospitalization for alcohol or drug problems, dependency, and addiction or do you belong to any support or therapy group for related problems? Yes No *(If yes, please explain)*

Date _____ Location _____

Has your wife or your children ever requested or received counseling, treatment or hospitalization for alcohol or drug problems, dependency, addiction or do they belong to any support or therapy group for related problems? Yes No *(If yes, please explain)*

Date _____ Location _____

Have you ever requested or received counseling, treatment or hospitalization for a mental illness or do you belong to any support or therapy group for related problems?

Yes No (If yes, please explain)

Date _____ Location _____

Do you have any physical or mental health conditions that might restrict your ministry?

Yes No (If yes, please explain)

Except for minor traffic violations, have you ever been *Charged, Indicted, Convicted, or Imprisoned* for a crime, or been the subject of or a party to a lawsuit or other court action? Yes No (If yes, please explain. If necessary, list on a separate sheet.)

MILITARY INFORMATION

Have you ever served in active military duty? Yes No

Are you obligated in any way to render military service in Federal or State forces?

Yes No (If yes, please explain)

CHURCH LIFE INFORMATION

From the past five years, please list:

Church/Parish activities groups or positions in which you have served or been active.

Groups or movements for spiritual growth, social justice or evangelization in which you have participated.

Any other forms of Church activity, social justice, evangelization or spiritual growth in which you have been involved.

List any significant Church/Parish activities from more than five years ago.

List, in general, the kinds of Community activities or positions in which you have been active over the past five years as well as significant items in previous years.

Have you received any special awards, honors or recognition from your work, profession, church or community service? Yes No *(If yes, please explain)*

Have you discussed with your pastor your intention to apply to the Diaconate Formation Program? Yes No *(If yes, please explain)*

What qualities do you admire most in the deacon(s) you know:

If you become a deacon, what qualities would you want people to see in you:

If you become a deacon, what qualities would you find most difficult to imitate:

REFERENCES

Pastor's Name _____ Years Known _____

Address _____

Professional Person's Name _____ Years Known _____

Address _____

Person of Choice Name _____ Years Known _____

Address _____

I acknowledge that the facts given in this application and in all accompanying information for application to the Diaconate Formation Program are true and complete to the best of my knowledge. I understand that, if I am accepted for the Diaconate Formation Program, deliberate false or misleading statements in this application or in accompanying information shall be considered sufficient cause for my dismissal from the Diaconate Formation Program. I also understand that the information provided in this application is for the confidential use of the Diaconate Formation Program and those concerned with personnel matters of the Diocese of Evansville. No other use of this material will be made without my written permission. I further acknowledge that all information submitted as part of the admissions materials to the Diaconate Formation Program becomes the property of the Diaconate Formation Program and the Diocese of Evansville, and will not be returned. Such material is subject to the Policies of the Diaconate Formation Program and the Diocese of Evansville regarding its retention or destruction. Acceptance into the Diaconate Formation Program is not a guarantee of ordination.

Applicant's Signature

Wife's Signature

Date

Date

Return completed application and documents to:

Permanent Diaconate Office
P.O. Box 4169
Evansville, IN 47724

DOCUMENTATION REQUIRED

- _____ Application Form, completed and signed
- _____ Proof of age (*birth certificate, driver's license*)
- _____ Proof of legal residency in diocese
(*copy of driver's license with current address*)
- _____ If married, hand-written statement of wife indicating her initial consent for application and entrance to the program
- _____ If single, statement of awareness of celibacy
- _____ Church certificate for Sacraments of Baptism, First Communion, Confirmation and Marriage (*original issued within the last six months*)
- _____ Recent photograph(s) of applicant and wife
- _____ Statement from primary physician attesting to fitness to enter the program
- _____ Letters of recommendation
(*The Permanent Diaconate Office will contact your references to make this request*)
- _____ Pastor's letters of recommendation
(*The Permanent Diaconate Office will contact your Pastor to make this request*)
- _____ Personal letter to the Application Committee
 - When and how did your interest in Church ministry begin
 - How did that interest develop
 - Do your family and friends support this interest
 - Who has encourage you most in this interest
 - What gifts do you believe you bring to this area of ministry
 - What does being a deacon mean to you
- _____ Interview with Director, Permanent Diaconate Office
- _____ Psychological Evaluation (*arranged by Permanent Diaconate Office*)