



ROMAN CATHOLIC
DIOCESE OF BURLINGTON

Lay Formation Program

Institute for Missionary Discipleship

APPLICATION OF CANDIDATE

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail _____

Marital Status _____ Spouse's Name _____

Does your spouse agree to your participation in this program? _____

Occupation _____

Names and Ages of Children:

Pastor's Name _____

Parish _____ City/Town _____

Previous schooling:

Service activities in the Church in which you have been involved in recent years:

Please include:

1. A current Baptism certificate, with notations.
2. 3 short (200 words or less) essays to the following questions:
 1. Your journey of faith up to this point.
 2. Why you are seeking to participate in this program of formation.
 3. What you hope to do with this formation in your life, community and parish

Agreement Between Pastor and Applicant

WHEREAS _____ volunteers to participate in the
Lay Formation Institute from _____ Parish of
_____ (city); and WHEREAS Father _____
Pastor/Administrator of _____ Parish, is willing to have the above as a
participant in service to the parish, IT IS THEREFORE AGREED BY THE PASTOR AND

CANDIDATE AS FOLLOWS:

1. Candidate, named above, will volunteer for service in the parish such time, effort and talent as does not interfere with work and family responsibilities.
2. Parish, named above, will furnish opportunities for service and the resources needed to carry it out.
3. Candidate, named above, will be reimbursed for any expenses, such as travel or materials, that are agreed on between him/her and the pastor as being needed to carry out the service.
4. Parish, named above, will contribute the stipulated fee for the two year program of formation.
5. This agreement shall remain in effect at a minimum for the period of the two-year Lay Formation program and may be terminated within this period by mutual agreement of the parties.

Dated at _____, Vermont
this _____ day of _____, 20_____.

Signed:
Candidate _____
Pastor/Administrator _____

Registration Deadline: June 15th or when class fills.

Mail to: Roman Catholic Diocese of Burlington
Office of Evangelization & Catechesis
55 Joy Drive
South Burlington, VT 05403

Office Use Only:
Date Returned: _____