



Roman Catholic Diocese of Saskatoon
OFFICE OF LAY FORMATION

MONA GOODMAN, PROGRAM COORDINATOR
PH: 306-659-5846
EMAIL: LAYFORM@SASKATOONRCDIOCESE.COM



APPLICATION FORM

NAME _____

ADDRESS _____

POSTAL CODE _____

PHONE: (H) _____ (W) _____

EMAIL: _____

OCCUPATION _____ AGE _____

MARITAL STATUS _____ NAME OF SPOUSE _____

NUMBER OF CHILDREN _____ AT HOME _____ INDEPENDENT _____

PARISH _____ PASTOR _____

IN CASE OF EMERGENCY CONTACT: NAME: _____ PHONE: _____

EDUCATIONAL BACKGROUND: PLEASE CHECK

ELEMENTARY HIGH SCHOOL UNIVERSITY TECHNICAL OTHER - PLEASE SPECIFY

RELIGIOUS STUDIES:

PLEASE LIST SOME OF THE CLASSES/WORKSHOPS/CONFERENCES YOU HAVE PARTICIPATED IN:

SPECIFIC INTERESTS OR GIFTS:

ARE YOU:

MUSICAL INSTRUMENT VOCAL ART

INTROVERTED EXTRAVERTED DON'T KNOW

OTHER: PLEASE SPECIFY _____

PLEASE LIST ALL CHURCH-RELATED ACTIVITIES IN WHICH YOU HAVE BEEN ENGAGED:

PLEASE NAME ONE OR TWO SPIRITUAL GOALS THAT YOU HOPE TO ACHIEVE THROUGH YOUR PARTICIPATION IN THIS FORMATION PROGRAM.

WRITE ABOUT THE IMPORTANCE OF GOD AND FAITH IN YOUR LIFE. (PLEASE USE ADDITIONAL PAGES IF NEEDED). IF YOU FIND IT DIFFICULT TO EXPRESS YOURSELF IN WRITING, PLEASE BE PREPARED TO SPEAK ABOUT THIS IN THE INTERVIEW.

FOR OFFICE USE ONLY
PASTORAL RECOMMENDATION: PARTICIPANT COORDINATOR
FUNDING: PERSONAL PARISH