**APPLICATION FOR LAY LEADERSHIP FORMATION**

**INSTRUCTIONS**

Please type or print with blue or black ink. If you need more space to respond to some questions, you may do so on another sheet of paper. Be sure to include the question number to which you are referring and put your name at the top of the sheet.

If you have any questions or concerns about this Application, please email education@edmontoneparchy.com.

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| **I. BASIC INFORMATION** |
| Name *(First, Middle, Last)* |  |
| Home Address |  |
| City, Province/State, Postal Code |  |
| Telephone – Home | Work |  |  |
| Telephone - Cell |  |
| E-mail Address |  |
| Occupation |  |
| Date of Birth *(yyyy/mm/dd)* |  |
| Name of Home Parish |  |
| **II. EDUCATIONAL BACKGROUND** |  |
| List your educational background and degrees, if any (college, university) |  |
| List any religious studies, if any (courses, workshops, conferences) |  |
| **III. QUESTIONNAIRE**  |  |
| Indicate the frequency of your participation in the Divine Liturgy. |  |
| How often to you receive the Sacrament of Confession? Holy Communion? |  |
| Please describe your prayer life.  |  |
| Please describe your understanding of the sacraments. |  |
| Please describe your understanding of Sacred Scripture. |  |
| Please describe your understanding of the Holy Eucharist. |  |
| Please describe your understanding of the Church. |  |
| Please describe your understanding of the participation of laity in the life of the Church. |  |
| Please describe your understanding of the role of women in the Church. |  |
| Are there any areas in Catholic teaching that you are challenging for you or for which you are not in agreement? If yes, explain.  |  |
| If you become a Lay Leader what do you think you will be able to contribute to the Church from the perspective of your gifts, experiences, and other personal qualities?  |  |
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| **IV. LETTER OF RECOMMENDATION FROM YOUR PASTOR AND PARISH COUNCIL** |
| A Letter of Recommendation from your Parish Priest and a separate letter from the chair of your parish pastoral council must be attached to this application form when submitted. |

 Signature of Applicant Date |
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