



**DIOCESE OF OGDENSBURG
FORMATION FOR MINISTRY APPLICATION – 2017-19 PROGRAM**

Please enclose a recent photo of yourself.

Mr. / Mrs. / Miss / Ms.

Site Preference (circle one):

Canton Carthage Lake Placid

Name: _____ Nickname: _____

Address: _____

(Street)

(City)

(Zip)

Phone: (____) _____ E-mail Address: _____

Parish: _____ City: _____

Pastor: _____ Your Education: _____

(Grade you last completed)

1. Specify your experience in parish ministry:

In the Past:

At Present:

2. Are you willing to make a two-year commitment to training (class once a week for 2 ½ hours from Sept. to Dec./Jan. to June), to attend specific ministerial workshops, retreats, and in the second year, along with class, to work in a supervised ministry? _____

3. Once you are commissioned, there is an expectation that you will be available for regular ministry in your parish.

4. Have you and the Pastor/Supervisor discussed the parish paying the tuition cost per year and you being responsible for the additional cost of books, retreats and workshops? _____

Comment: _____

5. Please explain why you wish to become a Commissioned Lay Minister through the Formation For Ministry program?

N.B. Records of Sacraments may be requested.

Signature: _____ Date: _____

Please return this form with a recent photo to:

Formation For Ministry

PO Box 369 - Ogdensburg, NY 13669