

**OFFICE OF DIACONATE FORMATION
DIOCESE OF RENO**

APPLICATION FOR THE DIACONATE FORMATION PROGRAM

(Please use additional sheets of paper if necessary)

A. IDENTIFYING INFORMATION:

1. Name: _____ Today's Date: _____

2. Address: _____

(Street)

(City)

(State)

(Zip)

Telephone: (home) () _____ (work) () _____

Cell Phone: () _____ e-mail: _____

3. U.S. Citizen? _____ Yes _____ No

If no, what is your Immigration/Visa status? _____

4. Date of birth: ____ / ____ / ____ Place of birth: _____

5. Your parish: _____ Pastor: _____

6. Marital status: Single ____ Married ____ Widowed ____ Divorced ____ Separated ____

Date of Marriage: _____ Wife's name: _____

Have either you or your wife been married before? If yes, please explain:

If divorced, have you received a Church annulment? _____

3. Do you have any dependents other than children? If yes, please list names: _____

D. MARRIAGE, IF MARRIED:

1. How would you describe your marriage? _____

2. Have you ever had any serious marital difficulties? _____ If yes, please explain:

How have you dealt with these difficulties? _____

Have these difficulties been successfully resolved? _____

3. How has the sacrament of marriage enhanced your marriage and helped it to grow?

4. What have you and your wife done to enrich your marriage and family life? _____

5. How would you describe the relationships within your family? _____

6. What kind of activities did you participate in as a family unit? _____

7. Please list the name, address and phone number of two people (other than members of your immediate family) well acquainted with your family and you as a family man, and who would be willing to recommend you: _____

8. Have you discussed your interest in the Permanent Diaconate with your wife? _____

9. What is her attitude toward your application? _____

10. Have you discussed your interest in the Permanent Diaconate with your children? _____

11. What is their attitude toward your application? _____

E. HEALTH

1. What is the general state of your health? _____

2. Have you been hospitalized during the past five years? _____
If yes, when and for what reason(s)? _____

3. Have you been seriously ill in the past five years? _____
If yes, when and with what illness(es)? _____

4. Have you or your spouse ever been under the care of a licensed therapist (psychiatrist, psychologist, social worker)? _____ If yes, please explain _____

5. Have you had a complete physical examination in the past five years? _____
List any specific physical defects: _____

*Please attach a current statement from your physician attesting to your general health.

6. Have you or your spouse ever had any problem with the use of alcohol or drugs? _____
If yes, please explain: _____

7. What is the name of your family physician? _____

F. RELIGIOUS HISTORY

1. Date of Baptism: _____ Church: _____

City/State: _____

2. Date of Confirmation: _____ Church: _____

City/State: _____

3. Date of Marriage: _____ Church: _____

City/State: _____

4. If you are a convert, please give your history of entrance into the Catholic

Church: _____

5. Since becoming a Catholic, have you ever been away from active practice of the Catholic Faith? Yes _____ No _____ If yes, please explain _____

6. Have you ever been in a seminary or religious community? _____

If yes, when? _____

Please give your reasons for leaving: _____

7. Have you ever applied for the Permanent Diaconate? _____ If yes, please provide the name of the diocese, the date and the results of your application: _____

8. What are your reasons for wanting to be a Permanent Deacon? _____

9. Who or what had an influence on your decision to apply? _____

10. Do you have a regular confessor? _____ For how long? _____

11. Do you have a spiritual director? _____ For how long? _____

12. Have you discussed your interest in the Diaconate with your pastor or any other priest or deacon? _____

Please provide their names: _____

13. How would you describe your participation (quality and frequency) in the following?

Celebration of the Eucharist: _____

Sacrament of Reconciliation: _____

Personal Prayer: _____

14. What changes in the post-Vatican II Church are most apparent to you at this time? How do you feel about them? How would you like the Church to be in the next ten years and beyond? _____

15. Have you participated in any of the following Christian formation experiences or contemporary Church movements (if yes, please indicate dates):

Lay Ministry Formation _____	Cursillo _____
Marriage Encounter _____	RENEW _____
Individual Retreat _____	Couples' Retreat _____
Charismatic Renewal Community _____	Other (please describe) _____

16. What are the strengths you bring to Diaconal formation? _____

17. In what areas do you feel lacking? _____

18. Please give the name, address and phone number of someone (other than immediate members of your family) with whom you've shared your spirituality:

G. SERVICE/MINISTRY HISTORY

(All formation applicants are required to have fingerprint clearance before acceptance in the formation program and are required to attend a "Protecting God's Children" awareness session and complete the required bulletins before Year II of formation is completed.)

1. Involvement in preliminary formation and diaconal ministry will demand time spent away from home on evenings and weekends. How do you see this affecting your marriage and your family? _____

2. Please describe in detail your current service activities within your parish community or within the diocesan community: _____

3. In which of the above stated activities were you in a leadership role? _____

4. Please describe in detail your current service activities within the wider community (socially, politically, work, children's school, etc.): _____

5. What personal services have you rendered to those outside your family (e.g., the poor, the elderly, the separated/divorced, etc.)? _____

6. Please provide the names, addresses and phone numbers of two people (other than an immediate family member) who have witnessed you as a man of service.

H. SUPPLEMENTAL PERSONAL INFORMATION

1. List in order of importance what you value most in life:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

2. Please indicate any potential and pending legal actions involving you or your family: _____

3. Have you ever been convicted of any offense other than a minor traffic violation? _____

If yes, please explain: _____

4. Have you ever served in the military? _____ What branch? _____

Dates: _____

5. How do you spend your leisure time? _____

6. Indicate your ability to manage your income and expenditures (e.g., credit rating).

(Do not indicate your specific earnings): _____

Applicant's Signature

Date

With the understanding that a more thorough assessment of the applicant's capabilities will be asked of me at a later date, I do concur with his application for the Permanent Diaconate.

Pastor

Parish

Date