



ADVANCE MINISTRY STUDIES APPLICATION FORM



PLEASE PRINT OR TYPE

NAME: _____ H. PHONE: _____
 ADDRESS: _____ W. PHONE: _____
 _____ EMAIL: _____
 CITY: _____ ZIP: _____
 PARISH: _____ PASTORAL REGION: _____

PLEASE MARK THE PROGRAM AREA(S) IN WHICH YOU HAVE EXPERIENCE AS A CERTIFIED CATECHIST.

<input type="checkbox"/> ADULT	<input type="checkbox"/> CONFIRMATION	<input type="checkbox"/> EARLY CHILDHOOD
<input type="checkbox"/> YOUNG ADULT	<input type="checkbox"/> JUNIOR HIGH	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> YOUTH	<input type="checkbox"/> ELEMENTARY	_____

BIOGRAPHICAL INFORMATION

PLEASE GIVE A BRIEF PERSONAL DESCRIPTION OF YOURSELF, INCLUDING YOUR HOBBIES AND INTERESTS.

WHAT LANGUAGE(S) DO YOU SPEAK? _____

EDUCATIONAL & CATECHETICAL BACKGROUND

SCHOOL/INSTITUTION	YEAR(S)	DEGREE/CERTIFICATE
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WHEN AND WHERE DID YOU COMPLETE THE BASIC CATECHIST FORMATION PROGRAM?

PLEASE LIST RETREATS OR ADULT FAITH FORMATION EXPERIENCES YOU HAVE HAD OVER THE PAST FIVE (5) YEARS.

WHAT ARE YOUR FAVORITE RESOURCES (websites, programs, social media platforms, publications etc) THAT YOU RELY ON FOR ONGOING FORMATION OR INFORMATION ABOUT YOUR CATHOLIC FAITH?

CATECHETICAL TEACHING EXPERIENCE / PARISH INVOLVEMENT

PARISH/INSTITUTION

DATES

ROLE

OTHER EXPERIENCE

DESCRIBE ANY RELATED JOB EXPERIENCE, INCLUDING THE DATES OF THOSE EXPERIENCES.

ESSAY QUESTIONS

The following questions are an **important part of the application evaluation process.**

Please **type** your answers on a separate paper and **attach your responses to the application form supporting them with Church Documents or another reliable source.**

1. How do you understand the concept of Evangelizing Catechesis?
2. What is your understanding of Missionary Discipleship and how can you describe your call to Ministry?
3. Please describe in a paragraph or two your Catechetical Creed?

REFERENCES

Please list three references, including name, address, city and zip, as well as working relationship, whom we can contact.

1. _____

2. _____

3. _____

I give permission to contact the references and employers listed above

NAME (PLEASE PRINT)

DATE

SIGNATURE

Please Return the completed application form and essay questions via email to:

Flor de Maria Luna at - **FLuna@la-archdiocese.org**

AND

Elizabeth Argueta at - **EArgueta@la-archdiocese.org**

Office Use:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> MC | <input type="checkbox"/> REF 1 |
| <input type="checkbox"/> PCL | <input type="checkbox"/> REF 2 |
| <input type="checkbox"/> YM/CC | <input type="checkbox"/> MC-1 |
| <input type="checkbox"/> AFF | <input type="checkbox"/> MC-2 |
| | <input type="checkbox"/> P.R. |
| | <input type="checkbox"/> Qs |