

Dear Applicant for Lay Ministry Formation,

Thank you for your interest in this formation opportunity! We hope that this will be a grace-filled new step in your personal faith development, as well as a generous gift in your ministry to your parish and the whole Church of Scranton.

We recognize that some applicants will bring years of experience in certain aspects of parish ministry, and others will be just beginning their involvement. It is important that you have adequate information to assist you in discerning God’s call for you in your ministry. For this reason, the application process includes these steps:

1. ***Application Form*** (enclosed here) - Due September 15 for the group starting in Fall, or December 15 for the group starting in Winter;
2. ***Letter of Intent*** (enclosed here) - tell us about yourself, your interest in this program, and how you hope to grow;
3. ***Recommendations*** (form enclosed here) - from three persons - we prefer one letter be from your pastor/parish life coordinator. Other recommendations could be from fellow pastoral ministers, or co-workers who know you well, can speak to your gifts, and how you would benefit from the formation process.
4. ***Background Check and Safe Environment Training*** (enclosed form), and additional information at: <http://www.dioceseofscranton.org/about/compliance-office/virtus/>
5. ***“Readiness for Ministry” Self-Assessment*** (*just for* ***your own******review*** *as you begin the process*);
6. ***Ministry Formation Learning Agreement*** (this includes summary of all components for the *Diocesan Certificate in Lay Ministry*, as well as the financial commitment involved)

Once the completed application is submitted to the Office for Parish Life, a member of our Ministry Formation Team will contact you regarding the status of your application, and to discuss or clarify your questions about the certificate process. During this time, the applicant may also be asked to elaborate on formation experiences they have already completed in recent years.

We recommend that you visit the website for the University of Dayton’s Virtual Learning Community for Faith Formation—VLCFF ([https://vlc.udayton.edu](https://vlc.udayton.edu/)) through whom we offer the online component of our certificate process—and view their video: “ Overview of Virtual Learning Community for Faith Formation.”

While an accelerated process is possible for some certificate candidates, we expect most participants to pursue this *Diocesan Certificate in Lay Ministry* across a three-year term. There are many timing options, so be assured that we can work with your particular needs and interests.

Please feel free to call with questions or needs (570-207-2213). You are also invited to share this information with others you believe will be interested in **Formation for Servant Leadership*.*** The full program description and all application materials can be accessed electronically at [www.dioceseofscranton.org.](http://www.dioceseofscranton.org/)

Our prayers are with you as you begin this journey, and we hope to accompany you as we grow in faith together!

Peace and good,

Kitty Scanlan

Coordinator for Lay Ministry Formation

Office for Parish Life

*All application materials are confidential. Access is limited to Office for Parish Life personnel.*

|  |
| --- |
| **Contact Information** |
| Name(please print) | Date of Birth (MM/DD/YY) |
| Spouse’s Name(optional) | Marital Status(optional) |
| Home Phone with area code | Work Phone with area code | Cell Phone with area code |
| Primary Email Address | How often do you check your email?□ Seldom □ Sometimes □ Often |
| Mailing Address: Street | Apt. # |
| City | State | Zip |
| Name of Parish | City | Yearsin Parish |

**Ministry Experience - Last Five Years**

Description of Ministry and Location Hours per

Month

Years

Involved

Currently Involved?

□ Yes □ No

□ Yes □ No

□ Yes □ No

□ Yes □ No

**Work History - Last Five Years**

Type of Work and Location Full or

Part-time

Currently Employed?

□ Yes □ No

□ Yes □ No

□ Yes □ No

**Education History (Post Elementary School)**

School or Program and Location Dates: Begin/End

Area(s)

of Study

Degree or

Certificate

**Describe any other commitments, including the number of hours you invest**

**on a weekly basis (e.g. church groups, scouts, softball league, civic organizations, committees)**

Commitment Hours

per week

Commitment Hours

per week

1. 5.

2. 6.

3. 7.

4. 8.

**Recommendation Letters: List the three people you have selected to write us on your behalf**

Name/Title Phone Number with area code

1.

2.

3.

Have you shared your Letter of Intent with your Pastor/Parish Life Coordinator? □ Yes □ No

Signature: Date:

FORMATION FOR SERVANT LEADERSHIP**LETTER OF INTENT**

Compose a letter explaining your desire for formal ministry training at this time in your life. If additional space is needed, use the back of this form or a separate sheet.

Although no particular format is required, this letter should address the following questions:

• Why do you want to be a part of **Formation for Servant Leadership**?

• How do you understand your call to ministry?

• What are your expectations of **Formation for Servant Leadership**?

• What do you hope to gain from this process?

• How do you see yourself engaged in ministry in the future?

Since your Pastor/ Parish Life Coordinator may play a pivotal role in enabling your future ministry, it is highly recommended that you share a copy of your “Letter of Intent” with them at the time of your application.

*All application materials are confidential. Access is limited to Office for Parish Life personnel unless the applicant* ***does not*** *waive her/his right to read the letter of recommendation.*

**APPLICANT**: Please complete the upper section and make sure to check *one* of the two boxes regarding your access rights. Recommendations should be sent separately from your application materials. Give this form to each of your recommenders, along with a stamped, addressed envelope to:

***Office for Parish Life***

***Attn: Coordinator for Lay Ministry Formation***

***330 Wyoming Avenue***

***Scranton, PA 18503***

*\*\*This Letter of Recommendation should be mailed directly to us by the person who completes this form*.

Applicant Name

(please print)

Home Phone with area code

CHECK ONE: I (the applicant) □ DO □ DO NOT waive my right to read this letter of recommendation.

**RECOMMENDER**:

This applicant desires entry into **Formation for Servant Leadership,** culminating in a *Diocesan Certificate in Lay Ministry* in the Diocese of Scranton. Please comment on your assessment of this person’s potential for leadership in ministry; explain what you see as both the applicant’s strengths and areas for growth. Use the back of this form or a separate sheet to provide additional comments.

|  |  |
| --- | --- |
| Recommender Name(please print) | Recommender Phone with area code |
| Your Position / Title and Parish / Agency |
| How long have you known the applicant? | In what capacity? |
| CHECK ONE: □ I recommend. □ I recommend with reservations. □ I do not recommend. |

Please explain:

Recommender’s

Signature: Date:

**Diocese of Scranton**

**Background Check Application**

Revision December 2017

In accordance with the *Charter for the Protection of Children and Young People* and the Pennsylvania Child Protective Services Laws, the Diocese of Scranton conducts background clearances EVERY FIVE YEARS (60 Months) on all individuals who have direct contact or routine interaction with children. The purpose of this application is to authorize the Safe Environment Office to complete a **State Police Criminal History Check**. Once processed, the clearance results will be sent to the applicant along with instructions on completing additional required background checks.

**Please Print Clearly**

|  |  |  |
| --- | --- | --- |
| **FIRST NAME - Subject of Record Check** | **MIDDLE NAME** | **LAST NAME** |
| **Address** | **City** | **State** | **Zip Code** |
| **Phone Number:****( )****E-mail Address:** | **Have you resided continuously in PA for the past 10 years?** **Yes No** |
| **Maiden Name and/or Aliases** | **Social Security Number** | **Date of Birth** | **Gender:** **Female** **Male** | **Race** |
| **Name of Parish/School where Background Check is Needed:****Town:**  |

**This Background Check is needed because you are: (Please indicate your status)**

 **Parish Employee**

**Parish Volunteer**

**Diocesan Employee**

 **Clergy**

**Deacon**

**Religious Order**

**Applicant for Formation**

 **School Volunteer Other**

**Name of Organization or Entity**

Applicant Signature:

Date:

**Effective 7/25/15, there is no cost for state clearances for volunteers.**

The inventory will assist you in identifying present strengths as well as areas for growth. It is also designed to help you assess several fundamental areas within ministry formation, such as:

• theological learning

• interpersonal skill development

• spiritual growth

• personal growth

This inventory is not used to determine admission into the program. ***This assessment is for your own personal use***. There are no right or wrong answers. Therefore, ***please do not submit this form with your application****.* If accepted as a candidate, you may want to use it as a reference for your personal growth throughout the certificate process.

Take time to think about each statement. Then indicate how well it describes you at this point in your life.

|  |  |  |
| --- | --- | --- |
| KEY: | (1) | Does not describe me at all |
|  | (2) | Does not describe me well |
|  | (3) | Describes me somewhat |
|  | (4) | Describes me well |
|  | (5) | Describes me very well |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **Not at Not Some-****All Well what** | **Well** | **Very****Well** |
| 1. I have a good relationship with my family. 1 2 3 4 5 |
| 2. I have the support of my spouse and friends for 1 2 3 4 5 growing in ministry. |
| 3. I am aware of my personal family history and how it 1 2 3 4 5 has shaped my present values, attitudes, and beliefs. |
| 4. I am actively involved in parish life, e.g., liturgy, RCIA, 1 2 3 4 5 community building activities, service organizations, etc. |
| 5. I take time for regular personal reflection and prayer. 1 2 3 4 5 |
| 6. I am comfortable sharing my feelings with others. 1 2 3 4 5 |
| 7. I have good relationships with friends and co-workers. 1 2 3 4 5 |
| 8. I take time for recreation and rest. 1 2 3 4 5 |
| 9. I tend to be self-motivated and take the initiative in 1 2 3 4 5 projects in which I am involved. |
| 10. I take interest and am involved in social and political 1 2 3 4 5 issues. |

11. People know me as someone who not only can begin a project but can also finish what I’ve started.

1 2 3 4 5

12. I have good communication skills, e.g. the ability to listen and express myself in small and large groups.

1 2 3 4 5

13. I can appreciate and respect points of view different from my own.

1 2 3 4 5

14. I am comfortable and in touch with my emotions. 1 2 3 4 5

15. I basically like myself and the direction my life has taken.

1 2 3 4 5

16. I live my life in a way consistent with the values I hold. 1 2 3 4 5

17. I am willing to take responsibility and leadership in groups as well as let others affect and direct me.

1 2 3 4 5

18. I like to read and am interested in a variety of subjects. 1 2 3 4 5

19. I value tending to my overall health and well-being. 1 2 3 4 5

20. I have a good sense of humor and can laugh at myself. 1 2 3 4 5

21. I am aware of the issues and concerns of others and how they experience God in their lives.

1 2 3 4 5

22. I am sensitive to the racial, ethnic, and cultural values of others.

1 2 3 4 5

23. I have reflected on my own motivation for ministry, and my personal interests are secondary to the needs and interests of others.

1 2 3 4 5

24. I am able to admit the mistakes that I make. 1 2 3 4 5

25. I am ready and willing to make a commitment of my time and energy to this formation program.

1 2 3 4 5

|  |
| --- |
| **Preparation and Active Engagement** |
| • I will try to develop a spirit of cooperation, openness and mutual respect in my group.• I will try to maintain a high quality of participation by speaking for myself; initiating discussion, not always waiting for someone else to begin; and contributing to discussion without monopolizing.• I will try to be diligent in the reading, writing and project tasks assigned.• I will keep confidentiality about personal information shared in the group. |
| **Components of the *Diocesan Certificate in Lay Ministry*** |
| I understand that the *Diocesan Certificate in Lay Ministry* includes successful completion of all of the following components:• ***Courses****Theological Reflection Seminar*Prerequisite Courses-determined on an individual basis for each candidate*Old Testament**New Testament**Ecclesiology* – three (3) course series*Introduction to Liturgy Introduction to Practical Morality Vocation to Ministry**Our Hearts Were Burning*Specializations – three (3) courses in Word, Worship, Community, or Service• ***Spiritual Companion Visits***; 5-6 times per year (usually begins after first ‘semester’ of study)• ***Ministry Skills Workshops*** (4 Saturday workshops offered a year; choose at least two)• ***Evenings of Theological Reflection*** (twice a year, usually a weeknight evening)• ***Annual Overnight Retreat*** (usually a Friday evening into Saturday early afternoon)• ***Mentored Practicum Project*** (Individualized plan developed during specialization courses) |
|  **Financial Responsibilities** |
| • *Virtual Learning Community* *for Faith Formation*- $40-50 per course, payable directly on the VLCFF website where you register for courses; additional cost for books per course is variable• *Skills Workshops* - $30 each ; some variance, based on your choice• *Spiritual Formation* - $400/year (Retreats; Spiritual Companion stipends) Estimated total (depending on number of courses per year) $800-1000 AnnuallyFinancial arrangements are the responsibility of the participant. If your parish or agency is assuming some of the costs, please give the name and phone number of responsible party: NAME PHONE |

Applicant’s

Signature:

Date: