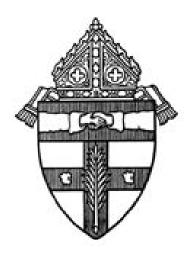
# Application Materials for Acceptance as a Deacon Aspirant for the Diocese of Owensboro, Kentucky



## Paperclip two wallet-sized photographs here

#### **APPLICATION**

Please type or print clearl	y all informa	tion	Date:		
$\mathbf{G}$	ENERAI	L INFOR	RMATION		
Name:					
Current Address:					
City, State, Zip:					
How long have you lived At the above address:			_ Home Phone (	)	
Work Phone ( )			_ Fax Number (	)	
E-mail Address:					
Age Date of Bi	rth	Place	of Birth		
Present Marital Status:	Single	Married	Divorced		Widowed

#### FAMILY BACKGROUND

#### **Applicant**

Are you a:
Baptized Catholic? Convert to Catholicism? Confirmed
In what parish, city, state were you baptized?
If a convert, how long have you been a Catholic?
Present Parish Years at parish
Number of years residing in the Diocese of Owensboro
Have you or either of your parents ever belonged to an Eastern Rite of the Church?  (i.e. Byzantine, Melkite, Maronite)?  Applicant
Mother Father
Name (relationship) / Address / Phone of person to be notified in case of emergency:
Do you have any near relation in the priesthood, diaconate, or religious life?
Yes No If yes, specify
<u>Wife</u>
Full Maiden Name
Age Date of Birth
Place of Birth
Is she a:
Baptized Catholic? Convert to Catholicism? Confirmed
If a convert, how long has she been a Catholic?

Present Parish		Yea	ars at pari	sn	
Number of years residin	g in the Diocese of	f Owensboro _			
My wife feels good abou	ut my becoming a	deacon (please	check on	e response):	
Strongly agree	Agree	Disagre	e	Strongly	Disagree
<u>Marriage</u>					
Date of Present Marriag	e	Place of M	arriage _		
Was this a Catholic Cere	emony? Yes	No			
If no, explain					
If no, has this marriage	been convaladated	? Yes		No	
Have you, as a couple, e	ever experienced m	arriage counse	eling?	Yes	No
If yes, explain					
How do you evaluate yo	our marriage at this	time?			
Have you or your wife e	ever lived in any ot	her previous m	narriage?	Yes	No
If yes, please answer the	e following:				
To whom?		When?			
Where?	Befe	ore whom (J.P.	., priest, e	etc.)	
Is your former spouse de	eceased? Yes	No I	f yes, date	e of death:	
Have you received a civ	il divorce? Ye	es No C	Grounds:		
Have you received a chu	arch annulment? _	Yes]	No	If so, please s	specify:
Diocese	Date of ann	ulment		_ Protocol#_	
Do you have any childred If yes, how many and w		ge? Yes	No	0	

#### **Children**

Please list: (Name)	Date	of Birth	Age	
(Ivame)	Duic	oj Biriii	7180	
(Attach sheet if more space	ce is required)			
How many of your childr	en are still living	at home?		
My children feel good ab	out my becoming	a deacon (please	check one resp	onse)
Strongly agree	Agree	Disagree	Str	ongly Disagree
	Person	NAL DATA		
How much free time do y	ou have apart fro	m work and how o	do you spend it	:?
(include hobbies and inte	rests)			
• What types of boo				
Give two or three		cently read:		
• What periodicals	do vou read regul	arly?		
• What periodicals	uo you read regul	arry:		
What neighborhood / civi	l / social or servi	ce organizations de	o you belong to	o?
Have you exercised any t	ype of leadership	in any of your fre	e-time activitie	es?
Yes No	If yes, descri	be		

#### PHYSICAL HEALTH BACKGROUND

Do you have a personal physician? Yes No
If yes: Physician's Name
Address
City, State, Zip
Date of your last physical examination:
How many days of work did you miss last year due to illness?
Do you smoke or chew tobacco? Yes No If so, how much?
Do you drink alcoholic beverages? Yes No
If yes, what do you generally drink?
How do you classify your drinking? None Light Moderate Heavy
Do you take prescription drugs? Yes No
If yes, please list
Do you use other drugs? Yes No If yes, explain
Have you ever been chemically dependent? Yes No
If yes, please explain
Have you ever been in a treatment program for abuse of any kind? Yes No
If yes, list where and when
If there is any history of mental illness in your immediate family (parents, siblings, children), please give details:

If there is any history of substance abuse in your immediate family, please give details:
Have you had any kind of counseling? Yes No
If yes, please give details and diagnosis:
Do you exercise? Yes No
If yes, how and how often?
Do you currently have medical (health) insurance? Yes No
If yes, please provide:
Name of Company
Type of Coverage
Who is financially responsible for the premium today?
How long will this be available to you?
Please note:
Applicant must also submit completed confidential health form, including physician's report.

#### EDUCATIONAL BACKGROUND

List in order the schools you have attended:

Primary:				
Name		City, State		Dates
Secondary	y (high Schools):			
Name		City, State		Dates
Date of Gr	raduation:	Gra	de Average (GPA	)
	l, Business, Trade So		ac riverage (Grr	
		Schools, please indicate the Religious Education or Sc		
List in orde	er the colleges / univ	versities / seminaries you	have attended:	
School	Location	Dates Attended	Major	Degree
<b>Approxima</b>	ate GPA in College:			

Which high school	/ college studies	s did you like t	best?	
Least?				
			y completed?	
_	-		a formal education pr	
List any extracurric	ular activities o	or organizations	s you hare / were invo	olved in:
Name of Group		Type of Acti	vity	Your Position
			ege?	
Indicate your ability				
Speak Spanish:	None	Little	Moderate	Proficient
Read Spanish:	None	Little	Moderate	Proficient
Write Spanish:	None	Little	Moderate	Proficient
Understand Spani	sh:None	Little	Moderate	Proficient
Sign Language:	None	Little	Moderate	Proficient
			s of study, current abi	
			ars of English have y	
Have you participat program(s) and year	•	•	nte formation progran	n? Indicate which

In which skills or areas of education do you have special training qualifications?
Have you ever been dismissed or voluntarily withdrawn from any school or any ministerial program? Yes No
If so, explain:

#### RELIGIOUS BACKGROUND

Your Parish / Church communit		
Address	City, State	Zip
Other Parishes / communities in	n which you have been inv	olved since high school:
Faith Life: How often do you attend	d Mass?	
How often do you receiv	ve the Sacrament of Recor	nciliation?
Do you have a regular co	onfessor? Yes	No
Do you have a spiritual of	director? Yes	No
What spiritual activity o	r prayer form is most rewa	arding for you?
Have you ever been away from	the Church for a period of	f time?YesNo
If so, how long? When	did you return?	
Have you ever belonged to a ch	urch or religious body oth	er than the Catholic Church?
Yes No		
If so, what denomination	n?	
Date and entry into Cath	nolic Church	
Brought into Church thr	ough RCIA? Yes	No In what year?
Indicate the usual religious prac	etices in your home:	
List the ways you have been inv	volved in your church com	nmunity (e.g. Mass server, choir,
Lector, Eucharistic Minister, Yo	outh Minister, etc.):	

List the diocese(s) in which you have resided for six months or longer since high school (include residence at a school / college / seminary outside your home diocese):
Have you ever applied for the diaconate for this or any other diocese?YesNo Were you accepted into the program?YesNo If no, explain
Have you ever been accepted as a candidate for any other diocese, religious community, or secular institute(s)?YesNo  If yes, please list diocese(s), religious community or communities, and secular institute(s).
Name of diocese, community, etc.  Dates  Level at time of leaving  Did you leave of your own accord or were you asked to leave?  Why?
While sponsored by another diocese or religious community, were you installed in the ministry of lector (reader), minister of acolyte or receive candidacy?YesNo  If yes, please list:  Date City/State Instituting Bishop
Candidacy Ministry of Reader
Ministry of Acolyte Have you ever applied to and not been accepted as a candidate by any other diocese or religious community? Yes No  If yes, please list diocese(s) and/or religious community or communities:

Have you ever bound yourself by oaths, vows, or promises in a religious organization?  Yes No If yes, specify organization
Date: Were they temporary or perpetual?
What is the present status of those oaths, vows, or promises?
VOCATIONAL GOALS AND ATTITUDES
How long have you been considering becoming a deacon?
Who, besides yourself, contributed most to the choice of this vocation?
Does your spouse and family approve of your studying for the diaconate?
What skills, aptitudes and experiences do you have which may be valuable in your
ministry as a deacon?
What motivated you to apply to study for the Diocese of Owensboro?
Were you approached by your pastor to become a deacon?
If you were not to become a deacon, what other ministries in the church would you consider?
What apprehensions do you have about your decision to be a deacon?
Which duties of a deacon do you find the most appealing?
In one or two sentences, comment on the following:  Obedience to your Bishop:

Personal Prayer:	
Women in Ministry:	
Working with local pastor or pastoral associate:	
Sacraments:	
Sacred Scripture:	
The Holy Eucharist:	
Working in a multi-cultural church:	
(For single applicants) Living a celibate life:	
Working for a pastoral associate vs. a priest:	
My anaysa's attituda is:	
My spouse's attitude is:	
My children's attitude is:	
1127 Children 5 attitude 15.	

#### WORK EXPERIENCE

Concerning your present or most recent full/part time employment:

Name of	employer:			
Address:			City, State, Zip	)
Job Title			Duration	
Describe	duties in detail			
What do	you like most about	this work?		
What do	you like least?			
List the last four	positions you have	held:		
Employer	Duties	Dates	K	Reason for leaving
Have you ever b	een fired from the jo	ob? Yes	No	
If yes, w	hy?			
Do you belong t	o any professional o	rganizations? _		
Please list any v	olunteer work you h	ave done:		

#### FINANCIAL AND LEGAL STATUS

Do you have a guaranteed income? Yes No			
Are you a citizen of the United States? Yes No			
If no, of what country are you a citizen?			
Are you a permanent resident of the U.S.? YesNo			
Have you ever been arrested? Yes No			
If so, what were the charges?			
Place / date of arrest:			
City County State Date			
Age at time of arrest: Disposition:			

#### **CANONICAL STATUS**

•	The following are impediments to ordination which require a dispensation. Please check where applicable:
•	Severe mental illness (have you ever committed yourself to or been committed to a psychiatric facility? Yes No
•	Apostasy, heresy or schism (i.e. have you ever publicly abandoned the Catholic Church; have you publicly advocated any views contrary to the teaching of the Catholic Church; have you ever joined another religious body by a formal act?)  Yes No
•	Is there any existing marriage bond (i.e. former marriage that is not annulled)?YesNo
•	Have you made private or public religious vows? Yes No
•	Have you been involved in the taking of another human life; have you helped someone procure an abortion, performed an abortion, or positively cooperated in obtaining an abortion for another person? Yes No
•	Have you ever attempted suicide, self-mutilation, or mutilation of others?YesNo
•	Have you ever impersonated a deacon, priest, or bishop? Yes No
•	Have you ever been excommunicated? Yes No

#### MILITARY SERVICE

Have you ever served in the military? Yes		
If so:		
Branch of Service	Date of enlistment	
Date of Discharge	Type of Discharge	
Where you involved in Combat Duty?		
Service duties:		
Reserve status:		
What did you like best about the service?		
What did you like least?		
Are you presently in the military? Yes	No	
If so, what branch?		
Are you presently in the reserves? Yes No		
Provide details of responsibilities of your Rese	erve status:	

#### **REFERENCES**

Please provide at least four people who know you well and are willing to act as a reference for you. Examples would be your pastor, spiritual director, youth minister or parish member, deacon mentor, teacher / professor, counselor, present or past employer.

Pastor / Spiritual Director		
Name:	Address:	
City, State, Zip:	Phone	ne: ( )
Relative / Close Friend		
Name:	Address:	
City, State, Zip:	Phone	ne: ( )
Relationship to you:		_
Name:	Address:	
City, State, Zip:	Phone	ne: ( )
Relationship to you:		<u> </u>
Name:	Address:	
City, State, Zip:	Phone	ne: ( )
Relationship to you:		_
Others: (fellow military memb	oer, employer / supervisor, etc.)	
Name:	Address:	
City, State, Zip:	Phone	ne: ( )
Relationship to you:		_
Name:	Address:	
City, State, Zip:	Phone	ne: ( )
Relationship to you:		

Please provide the names and addresses of 20 additional people below (parishioners, associates, business colleagues, etc.)		
Name	Address	

### DOCUMENTS TO BE SENT DIRECTLY TO THE DIRECTOR OF THE DIACONATE FORMATION PROGRAM

**Eligibility Form:** One-page form available to download at the following https://owensborodiocese.org/permanent-diaconate/eligibilityform.pdf

#### **Sacramental documents:**

- Recent copy of your Baptismal certificate (issued within the past six months)
- Copy of your Confirmation Certificate
- Copy of your marriage certificate (s)
  - Applicable annulment/dispensation form(s)
  - Death certificate(s), as applicable

**Academic documents:** Official copies of all high school, college, and graduate school transcripts. Contact each school for an official transcript to be sent directly to:

Diaconate Formation Director Diocese of Owensboro 296 West 6<sup>th</sup> Street Russellville, KY 42276

**Photographs**: Two recent wallet-size photos

#### **Detailed autobiography (please type or print):**

To include the following:

- Chronological history of your life
- Brief description of your relationship with your spouse
- Brief description of your relationship with children and other family members
- Experiences and achievements in school and work
- Social life
- Relationship with God, prayer and the Church
- One significant success you have experienced in your life
- One significant failure you have experienced in your life
- Apostolic works in which you have engaged, reasons, rewards
- Hobbies
- Your understanding of the time commitment to studying for diaconate
- Your family's opinion about your decision
- The reason you wish to be a deacon

#### Two short essays on the following topics:

- Why do I want to become a deacon?
- (For married applicants): "What does my marriage mean to me?"
- (For spouses): "How do I feel about my husband becoming a deacon?"
- (For single applicants): "What is my understanding of living a celibate life?"

I/We attest that all information submitted to the Diocese of Owensboro pertinent to the Application to Prepare for the Diaconate is true and complete to the best of my/our knowledge.

I/We recognize that the information requested by the Diocese of Owensboro will be provided in confidence and will become the property of the Diocese of Owensboro, and will not be accessible to me/us. I understand that the decision for me to be accepted or not accepted for study as an applicant for the diaconate will be made at the discretion of the Diaconate Formation Review Board and the Bishop of Owensboro; and that there is no obligation on their part to report to me/us the reasoning behind any or all decisions regarding this application. I/We also agree to authorize the Director of the Diaconate Program to release any and all information to the Bishop of Owensboro and his representatives, including but not limited to:

Eligibility Form				
Application Form				
Detailed autobiography				
Medical Health forms	Medical Health forms Psychological reports			
Psychological reports				
Recommendation letters or forms	Recommendation letters or forms			
Most recent transcripts				
Required essays on:				
o (For spouses): "How do I feel a	t does my marriage mean to me?" bout my husband becoming a deacon?" s my understanding of living a celibate			
(Signature of Applicant)	(Signature of Spouse)			
(Date)	(Date)			