



**DIOCESE OF OGDENSBURG
FORMATION FOR MINISTRY APPLICATION**

Please enclose a recent photo of yourself.

Mr. / Mrs. / Miss / Ms. _____ Site Preference: _____

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. – Dec. / Jan. – June), to attend specific ministerial workshops, retreats, and in the second year, along with class, to work in a supervised ministry? _____

3. If commissioned, will you promise two years of service to your sponsoring 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**