
Pastoral Formation Institute

QUALIFIED INSTRUCTORS AND PRESENTERS ✚ FORMATION WEEKENDS ✚ WORKSHOPS AND RETREATS

2010-2011 APPLICATION - PART I

PFI Application Instructions:

1. Complete and submit this application.
2. There is a \$50 non-refundable fee. Payment options are explained on page 3.
3. Ask your Pastor and your other reference to complete a **Reference Form** on your behalf. Two reference forms are included in this application packet.
4. An interview will be scheduled after the Office of Faith Formation is in receipt of your application and references.
5. Please be sure your name appears on each page of the application.

Upon recommendation for entrance in the Pastoral Formation Institute, you will receive an Acceptance Package that includes a contract with payment options, a participant's handbook, and other necessary materials.

(Please print clearly)

Name: _____ Date: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Parish: _____ Town: _____

Telephone: (day) _____ (evening) _____ (cell) _____

E-Mail (1): _____ E-Mail (2): _____

Are you able to work with a computer? _____ Do you own or have access to a computer? _____

Electronic Transmission Policy: Reproducible materials (handouts) will be accessible electronically to all students unless otherwise requested. For those students who do **not** wish to use or for those who do not have access to a computer/e-mail, **there is an additional \$50 annual fee for receipt of hard paper copies.**

Please check (✓):

I wish to receive course materials electronically via personal e-mail _____ (Yes) _____ (No).

I wish to receive hard copy handouts _____ (Yes) _____ (No).

You are: (please circle answer) single religious engaged married remarried separated divorced widowed

If married, name of spouse: _____

Emergency Contact: _____ Telephone(s) : _____

What is your **primary** language? _____ Ethnic Origin: _____

What **other** language do you speak, read and /or write? _____

(✓) I have _____ have not _____ attended **VIRTUS** (The Diocesan Training Program for the prevention, recognition and reporting of child abuse).

WORK EXPERIENCE
List most recent work experience first

Position/ Job Title or Description	Dates

EDUCATION

Level	Name/Location	Year (s)
High School or Equivalent		
Secretarial/Technical School		
College/Major		
Post College/Degree		

ADULT RELIGIOUS EDUCATION/FORMATION

Course Title	Year	Locations	Course length (1 wk., 5 wks., semester..)

MINISTERIAL EXPERIENCE

Ministry	Role	Year (s)	Parish/Agency	Location

PERSONAL EXPERIENCE

Give a description of the family in which you grew up.

Describe your personal strengths as you see them. (Include skills, talents and gifts).

Describe your limitations as you see them.

Is there additional information you would like us to know about you?

What do you hope to gain from the Pastoral Formation Institute?

What are your plans for future ministry?

Name: (print) _____ Signature: _____ Date: _____

Please submit completed application along with application fee of \$50. For your convenience, we offer two methods of payment:
personal check or credit card. (*Please make checks payable to: **Office of Faith Formation***).

Submit to: Pastoral Formation Institute, Diocese of Rockville Centre, P.O. Box 9023, Rockville Centre, N.Y. 11571- 9023.

To pay by credit card call Debra Ventura: 516-678-5800 ext. 223. Visa, MasterCard, Discover are accepted.

If you have any questions, contact Estelle Peck, Phone: 516-678-5800 ext. 200; E-mail: epeck@drvc.org; Fax: 516-536-3473

*Accredited by the United States Conference of Catholic Bishops Committee on Certification and Accreditation
3211 South Lake Drive, Suite 317, St. Francis, Wisconsin 53235-3702, 414-486-0139, www.USCCBCCA.ORG*

*The Pastoral Formation Institute is an equal opportunity program dedicated
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2010-2011 APPLICATION-PART II

- A. Please submit the names, addresses, phone numbers and E-Mail addresses for two references: your Pastor or a Diocesan Department head; the other a person of your choice who is active in Church leadership. Give the appropriate **Recommendation Form** and the enclosed return addressed envelope to each of your references. Request that they please return the completed form to the Office of Faith Formation as soon as possible.

REFERENCES

1. **Pastor or Department Head:**

Parish/Department: _____

Address: _____

Phone Number: _____ Email: _____

2. **Other:**

Parish/Department: _____

Address: _____

Phone Number: _____ Email: _____

Indicate your first and second choice selection from the listing of parish site offerings below:

Please note: there is a minimum site requirement of twelve or more participants for a class to be offered.

1st Choice: _____ 2nd Choice: _____

YEAR I PARISH SITE SELECTIONS

St. Pius X, Plainview
Mondays: 7:30 p.m. to 9:30 p.m.

St. Anthony of Padua, East Northport
Tuesdays: 7:30 p.m. to 9:30 p.m.

St. Rose of Lima, Massapequa
Wednesdays: 9:30 a.m. to 11:30 a.m.

St. John Nepomucene, Bohemia
Wednesdays: 7:30 p.m. to 9:30 p.m.

St. Aidan, Williston Park
Thursdays: 7:30 p.m. to 9:30 p.m.

***St. Therese Lisieux, Montauk/ Most Holy Trinity, East Hampton**

Tuesdays: 6:00 p.m. to 10:00 p.m. Alternates between Montauk and East Hampton from November, 2010 thru March, 2011.

Classes in Spanish:

St. Brigid, Westbury
Saturdays: 9:30 a.m. to 2:00 p.m.

Our Lady of Mount Carmel, Patchogue
Fridays: 7:30 p.m. to 9:30 p.m.

***St. Therese Lisieux, Montauk/ Most Holy Trinity, East Hampton**

Tuesdays: 6:00 p.m. to 10:00 p.m. Alternates between Montauk and East Hampton from November, 2010 thru March, 2011.

Name (Signature): _____ Date: _____

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Pastor's Recommendation

Date _____

_____ has applied for admission to the Pastoral Formation Institute and has given your name as a reference. We ask that you share with us your assessment of this person's readiness for formation. Your response will be held in confidence.

In what capacity have you known the applicant?

What qualities in the applicant have you observed that indicate readiness for formation?

Is the applicant presently ministering in your parish? If yes, do you see an expanding role when the Pastoral Formation Institute is completed? If not, do you believe that the applicant has the potential for ministry in the Church?

Please indicate the degree of confidence you have in recommending the applicant for the Pastoral Formation Institute.

Highly Recommended Recommended Not Recommended

Name: _____ Title: _____ Signature: _____

Please submit this completed form in the attached return addressed envelope.

For more information contact:

Estelle Peck, Associate Director of the Pastoral Formation Institute

Phone: 516-678-5800 x 200 **E-Mail:** epeck@drvc.org **Fax:** 516-536-3473

Diocese of Rockville Centre

P.O. Box 9023 Rockville Centre, N.Y. 11571-9023

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Church Leader's Recommendation

Date _____

_____ has applied for admission to the Pastoral Formation Institute and has given your name as a reference. We ask that you share with us your assessment of this person's readiness for formation. Your response will be held in confidence.

In what capacity have you known the applicant?

What qualities in the applicant have you observed that indicate readiness for formation?

Is the applicant presently ministering in a parish or a Catholic program/institution? If yes, do you see an expanding role when the Pastoral Formation Institute is completed? If not, do you believe that the applicant has the potential for ministry in the Church?

Please indicate the degree of confidence you have in recommending the applicant for the Pastoral Formation Institute.

Highly Recommended Recommended Not Recommended

Name: _____ Title: _____ Signature: _____

Please submit this completed form in the attached return addressed envelope.

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