

**FORMATION PROGRAM FOR BASIC SKILLS FOR PARISH YOUTH MINISTRY
APPLICATION – DIOCESE OF TRENTON**

PARISH OF MINISTRY _____ PASTOR: _____ Registry Year: _____

FULL NAME _____

Please print your full name as you would have it on your certificate:

MINISTERIAL ROLE /TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

E-MAIL ADDRESS: _____ CELL PHONE: (_____) _____

PARISH OF RESIDENCE: _____ CITY: _____

FULL TIME PAID _____ PART TIME PAID _____ VOLUNTEER _____ NUMBER OF YEARS _____

ACADEMIC BACKGROUND: HS _____ COLLEGE: _____ OTHER: _____

WHAT DID YOU STUDY? _____

HAVE YOU BEEN FINGERPRINTED THROUGH A DIOCESE OF TRENTON PARISH _____ DATE: _____

HAVE YOU ATTENDED THE VIRTUS PROGRAM _____ DATE: _____

IF NOT, **WHEN DO YOU PLAN TO COMPLETE THESE REQUIREMENTS:** _____

INTERESTS, HOBBIES, TALENTS: _____

EXPERIENCE WORKING WITH YOUTH (PLEASE EXPLAIN): _____

WHY YOU WISH TO PARTICIPATE IN THIS PROGRAM: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR THE PASTOR

This application has been prepared and submitted with my approval. I hereby endorse the above applicant as a candidate for the Basic Skills or Certificate Program for Parish Youth Ministry **pending satisfactory results of a Diocesan criminal check.** We may be contacting you to for a brief oral recommendation of this parishioner.

PASTOR'S SIGNATURE: _____ DATE: _____

PARISH: _____ PARISH CITY: _____

Return application with \$175.00 fee to: Diocese of Trenton - Office of Youth Ministry, PO Box 5147, Trenton, NJ 08638-0147 or fax it to us at (609) 406-7419. Call the office if you have any questions: 609-406-7410

Update: June, 2010