

OFFICE OF LAY FORMATION

Blair and Jennifer Carruthers,

Program Coordinators

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APPLICATION FORM

Name

Address

Postal Code

Phone: home

Cell

work

Email:

Occupation

Age

Marital Status

Name of Spouse

Number of children

At home

Independent

Parish

Pastor

In case of emergency contact: Name: _____ Phone: _____

Educational Background: Please check

_____ Elementary

_____ High School

_____ University

_____ Technical

_____ Other - Please specify

Religious studies: Please list some of the classes/workshops/conferences you have participated in:

Specific interests or gifts:

- _____ Musical instrument
- _____ Vocal
- _____ Art
- _____ Other: Please specify

Please list all Church-related activities in which you have been engaged:

Please name one or two spiritual goals that you hope to achieve through your participation in this Formation Program.

Write about the importance of God and faith in your life. (Please use additional pages if needed). *If you find it difficult to express yourself in writing, please share your faith story with the coordinator when you get together to talk.*
