

Roman Catholic Diocese of Saskatoon
CATHOLIC PASTORAL CENTRE

123 Nelson Road
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OFFICE OF LAY FORMATION

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Program Coordinators
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FOR OFFICE USE ONLY

Pastoral Recommendation:

Participant

Coordinator

Funding:

Personal

Parish

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.*
