

# Emmaus Institute for Ministry Formation

## Participant Application

### Participant Information

Name (first and last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Parish of Membership (name and city): \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Course Track:  English  Spanish Gender:  Male  Female

I have access to a computer and internet: \_\_\_ Yes \_\_\_ No

### Ministry Experience (paid or unpaid)

Current Position in Ministry: \_\_\_\_\_

Current Parish/Organization of Ministry: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Full Time (35+ hrs./week) \_\_\_\_\_ Part Time (20-35 hrs./week)

I receive a salary/stipend for my ministry: \_\_\_ Yes \_\_\_ No

Ministry History:

Ministerial Role	Parish Name	City/State	Years of Service

### Educational Background

Name of School	City/State	Last Year Completed	Degree/Certificate
High School		1 2 3 4	
College		1 2 3 4	
Graduate Work		1 2 3 4	
Technical		1 2 3 4	
Other		1 2 3 4	

## Reflection Questions

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Why do you want to participate in the Emmaus Institute Ministry Formation Program?

What are your expectations of this program?

How do you anticipate using this formation program to advance your ministerial experience?

What formal preparation for ministry have you completed in the areas of spiritual formation, pastoral skills development and theological study?

How do your family, community, and pastor support your present involvement in ministry as well as your future plans?

Is there any information about you that the program directors should know in order assist you in successfully completing this program, i.e. health conditions, access issues, learning disabilities, etc.?

\_\_\_ Yes \_\_\_ No If you answered yes, please explain:

The information above is true and accurate to the best of my knowledge. I understand that any falsification or misrepresentation of the information I have provided in this application will result in my ineligibility to participate in the Emmaus Institute for Ministry Formation program. I submit this application for the Emmaus Institute for Ministry Formation program and I understand that this information will be used only by the Diocese of Saint Cloud and the Saint John's School of Theology and Seminary for consideration of my acceptance into the program and the subsequent participation in the program. I further authorize the Diocese of Saint Cloud and the Saint John's School of Theology and Seminary to verify any information I have provided in this application. This The information above is true and accurate to the best of my knowledge. I understand that any falsification or misrepresentation of the information I have provided in this application will result in my ineligibility to participate in the Emmaus Institute for Ministry Formation program. I submit this application for the Emmaus Institute for Ministry Formation program and I understand that this information will be used only by the Diocese of Saint Cloud and the Saint John's School of Theology and Seminary for consideration of my acceptance into the program and the subsequent participation in the program. I further authorize the Diocese of Saint Cloud and the Saint John's School of Theology and Seminary to verify any information I have provided in this application. This information may include present and former employers, education and training institutions. I also authorize my present employer and any previous employers, present or previous fellow employees, education and training institutions, and any other persons to furnish any information concerning my personal character, habits or employment records and hereby release all such persons from any liability for furnishing such information. I understand that this application will be kept in a confidential file in the Office of Catholic Education Ministries of the Diocese of Saint Cloud.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Application deadline for 2020-2021 cohorts: June 30, 2020**  
**Completed applications along with a \$50 non-refundable application fee (to be credited toward the \$900 annual tuition) should be sent to:**

**Kristi Bivens**  
**Associate Director of Lay Leadership Formation**  
**Diocese of Saint Cloud**  
**305 7<sup>th</sup> Avenue North; Suite 201**  
**Saint Cloud, Minnesota 56303**  
**[kbivens@gw.stcdio.org](mailto:kbivens@gw.stcdio.org)**

# Pastor Recommendation Form *Emmaus Institute for Ministry Formation*

To be completed by the pastor of the parish/organization where applicant is employed.  
 If not currently in paid ministry, this form should be completed the by pastor of the applicant's parish.

Name of Applicant: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Pastor Phone: \_\_\_\_\_ Pastor Email: \_\_\_\_\_

Parish/Organization: \_\_\_\_\_ City/State of Parish/Org.: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please fill out the table below based on the time you have spent with and your knowledge of the applicant.

Quality	No Basis for Evaluation	Above Average	Average	Evidence of Growth	I have Concerns
Intellectual Ability					
Oral Expression					
Written Expression					
Balanced Emotional Expression					
Interpersonal Skills					
Leadership Skills					
Listening Skills					
Balanced Faith Expression					
Positive sense of church					
Dependability					
Ability to handle conflict					
Initiative/Self-motivated					
Integrity					
Collaborator/Team Player					
Gives evidence of a mature understanding of sexual attitudes and demonstrates appropriate boundaries					

What gifts or talents does the applicant bring to ministry?

What areas of growth or challenges do you see?

Would you recommend the applicant for ministry leadership? \_\_\_ Yes \_\_\_ Yes, with reservation \_\_\_ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Recommendation Form *Emmaus Institute for Ministry Formation*

To be completed by someone not related to you who can attest to character and personal commitment.

Name of Applicant: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Recommender's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Recommender's Phone: \_\_\_\_\_ Recommender's Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please fill out the table below based on the time you have spent with and your knowledge of the applicant.

Quality	No Basis for Evaluation	Above Average	Average	Evidence of Growth	I have Concerns
Intellectual Ability					
Oral Expression					
Written Expression					
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Leadership Skills					
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Balanced Faith Expression					
Positive sense of church					
Dependability					
Ability to handle conflict					
Initiative/Self-motivated					
Integrity					
Collaborator/Team Player					
Gives evidence of a mature understanding of sexual attitudes and demonstrates appropriate boundaries					

What gifts or talents does the applicant bring to ministry?

What areas of growth or challenges do you see?

Would you recommend the applicant for ministry leadership? \_\_\_ Yes \_\_\_ Yes, with reservation \_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Recommendation Form *Emmaus Institute for Ministry Formation*

To be completed by someone not related to you who can attest to character and personal commitment.

Name of Applicant: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Recommender's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Recommender's Phone: \_\_\_\_\_ Recommender's Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please fill out the table below based on the time you have spent with and your knowledge of the applicant.

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Integrity					
Collaborator/Team Player					
Gives evidence of a mature understanding of sexual attitudes and demonstrates appropriate boundaries					

What gifts or talents does the applicant bring to ministry?

What areas of growth or challenges do you see?

Would you recommend the applicant for ministry leadership?  Yes  Yes, with reservation  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_