

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

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 2021-2022 cohorts: June 30, 2021
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 7th Avenue North; Suite 201
Saint Cloud, Minnesota 56303
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					
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					
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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: _____