



Diocese of La Crosse
Lay Formation Institute

APPLICATION OF CANDIDATE

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail _____

Marital Status _____ Spouse's Name _____

Occupation _____

Names and ages of Children:

Pastor _____

Parish _____ Address _____

City _____ State _____

Previous schooling:

Service activities in the Church in which you have been involved in recent years:

Does your spouse agree to your participation in the program? (If applicable) _____

Agreement Between Pastor and Applicant:

WHEREAS _____ volunteers to participate in the Lay Formation Institute from _____ Parish of _____ (city); and WHEREAS Father _____ pastor of _____ Parish, is willing to have the above as a participant in service to the parish, IT IS THEREFORE AGREED BY THE PASTOR AND CANDIDATE AS FOLLOWS:

1. Candidate _____ will volunteer for service in the parish such time, effort and talent as does not interfere with work and family responsibilities.
2. _____ Parish will furnish opportunities for service and the resources needed to carry it out.
3. Candidate _____ will be reimbursed for any expenses, such as travel or materials, that are agreed on between him/her and the pastor as being needed to carry out the service.
4. _____ Parish will contribute the stipulated fee for the two year program of formation.
5. This agreement shall remain in effect at a minimum for the period of the two-year Lay Formation program and may be terminated within this period by mutual agreement of the parties.

Dated at _____, Wisconsin, this ____ day of _____, 20____.

Signed: Candidate _____

Pastor _____

Registration Deadline: August 10 or when class fills (limit 40 students)

DATE RETURNED: _____

Mail to: Office for Ministries and Social Concerns
P.O. Box 4004
La Crosse, WI 54602-4004