



# ARCHDIOCESE OF NEW YORK YOUTH FAITH FORMATION

## Application to be Catechist or Assistant Catechist

\_\_\_\_\_ *For Catechist* Parish: \_\_\_\_\_  
\_\_\_\_\_ *For Assistant Catechist* Vicariate: \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Business \_\_\_\_\_

Present Employment \_\_\_\_\_

Are you a Catholic in good standing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain:

Reception of the Sacrament of Confirmation: Date Received \_\_\_\_\_

Parish where Confirmation was received \_\_\_\_\_

How many years have you been a member of this parish? \_\_\_\_\_

If less than a year, give name and address of former parish:

\_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why are you applying to be a Catechist in this parish? (*Answer on back.*)

## Catechetical Background

How many years have you been a Catechist? \_\_\_\_\_

Grade Levels Taught \_\_\_\_\_

Last parish where you served as a Catechist:

Name \_\_\_\_\_

Address \_\_\_\_\_

*Note: Your former parish will be asked for a statement regarding your ministry.*

Are you certified in Catechist Formation level 1? \_\_\_\_ Yes \_\_\_\_ No

If yes: Year \_\_\_\_\_ Diocese \_\_\_\_\_

Are you certified in Catechist Formation level 2? \_\_\_\_ Yes \_\_\_\_ No

If yes: Year \_\_\_\_\_ Diocese \_\_\_\_\_

List any volunteer projects you have taken part in during the past five years.

List special skills and talents you have (e.g. musical, artistic, clerical):

## Religious Educational Background

*Check ( ✓ ) where you received your religious education.*

Elementary School: Catholic School \_\_\_\_\_ Religious Ed. Program \_\_\_\_\_

High School: Catholic School \_\_\_\_\_ Religious Ed. Program \_\_\_\_\_

College: Catholic School \_\_\_\_\_ Number of Theology Credits \_\_\_\_\_

Graduate Studies Catholic Institution \_\_\_\_\_ Number of Theology Credits \_\_\_\_\_

Adult Religious Education Courses, Workshops, Seminars attended:

Topic	Number of Hours
_____	_____
_____	_____
_____	_____
_____	_____

**Educational Background**

\_\_\_\_\_ Completed Elementary School

\_\_\_\_\_ Completed High School

Graduated from College:

Major \_\_\_\_\_ Name of College \_\_\_\_\_

\_\_\_\_\_ Attended College but did not graduate. Number of years attended \_\_\_\_\_

Other Studies along with length of time spent :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Give two character references from people, preferably an employer, or supervisor, who have known you for 2 or more years.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Please note: these persons will be contacted by the Parish.*

*Note: The Director/ Coordinator will provide to applicant a copy of the Catechist Job Description and the Catechist Handbook.*

## Safe Environment

If the answers to any of the following questions are “yes”, please explain on the *Termination Information Form*:

Have you ever been convicted of any criminal offense? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever had your volunteer or paid services terminated at the initiative of any parish, school or agency? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, give explanation on *Termination Information*.

Has a civil or criminal complaint ever been filed against you alleging child neglect or abuse of any kind?\_\_\_\_\_

Have you ever been terminated or disciplined in your employment for reasons relating to allegations of physical abuse or sexual misconduct by you?\_\_\_\_\_

Have you ever been accused of or investigated for an act of sexual abuse or harassment of any kind?\_\_\_\_\_

*I hereby certify that the information I have provided in this application and any attached documents, is complete, true and correct to the best of my knowledge. I also agree that if any event occurs that would change the answers given above, I will report that immediately to my supervisor.*

*I understand that it is my responsibility to comply fully with the Safe Environment Requirements of the Archdiocese of New York within 45 days of commencing my service with an Archdiocesan institution. I understand that these requirements include submitting to a background check and completing the appropriate Safe Environment Training Program.*

*I also understand that full compliance with these requirements is a condition of any volunteer service or employment with an Archdiocesan institution that involves regular contact with minors, and that failure to comply will result in my being barred from any contact with minors in any Archdiocesan institution.*

*I further acknowledge that I have received the Summary of the Archdiocese of New York’s Policy on Sexual Misconduct and the Code of Conduct. I understand their meaning, and agree to conduct myself in accordance with their terms. I acknowledge that the policy is not intended to create any contractual obligations, express or implied, on the part of the Archdiocese of New York or its affiliated entities.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Termination Information** (Application for Catechist & Assistant Catechist)

**Confidential Information**

Parish \_\_\_\_\_

Applicant \_\_\_\_\_

Explanation of previous services termination:

Explanation of conviction for criminal offense:

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Pastor*

\_\_\_\_\_  
*Date*

## Catechist's Emergency Medical Information

*Confidential Information to be kept in Catechist file in sealed envelope and opened ONLY in case of emergency*

Name of Catechist \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Person to be contacted in emergency: \_\_\_\_\_

2 phone numbers: \_\_\_\_\_

Name of Physician to be contacted \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Chronic conditions that might affect treatment (e.g. diabetes)

Are you on medication that might affect treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name medications and give dosage.

Specify any allergies to medications or other

Is there anything else an EMT or physician would need to know about you?