



APPLICATION FORM

Session: Fall 20__

Please type or print all information. You may type in your information, print it, sign it, and fax/mail it.

FULL NAME: _____
Legal Name/Name which appears on Passport/Drivers License

Name by which you wish to be called: _____

SSN: _____

Church or Institution: _____

Address: _____ City: _____

State or Province: _____ Province or Zip Code: _____

Country: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

Community or Diocese: _____

Present Ministry: _____

Date of Birth: Mo. _____ Day _____ Yr. _____ Present Age: _____

Place of Birth: _____ Citizenship: _____

Date of Ordination to Priesthood: _____

EDUCATIONAL AND MINISTERIAL EXPERIENCE

Pastoral placements since ordination:

<u>Position</u>	<u>Location</u>	<u>Dates</u>
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Educational Background

<u>School Attended</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
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Other Educational Experience

<u>Program</u>	<u>Focus of Program</u>	<u>Dates</u>
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5. How did you hear about the Vatican II Institute?

6. Will you be bringing your own car? _____
If yes, make of automobile _____ License number _____

Please send the following completed documents:

- Application form
- Recent photograph
- Ecclesiastical sponsor form
- Medical questionnaire / emergency contact form
- \$500.00 deposit (Please make checks payable to the Vatican II Institute)

ECCLESIASTICAL SPONSOR FORM

I certify that _____ is a member of
Name of Applicant

_____ in good standing:
Name of Diocese or Religious Community

Yes _____ No _____ The applicant meets the requirements of our program, i.e. is active in ministry, in good health, psychologically well-adjusted, and interested in human, intellectual, pastoral and spiritual renewal.

• If no, explain briefly _____

Yes _____ No _____ The applicant has participated in our Diocese's/community's process or program for the protection of children and minors.

• If no, explain briefly. _____

Yes _____ No _____ Is there any current litigation pending against this member of your diocese/religious community?

• If yes, explain briefly _____

Yes _____ No _____ Are there any special circumstances regarding the applicant about which we should be aware?

• If yes, explain briefly _____

Yes _____ No _____ The applicant has permission to participate in the Vatican II sabbatical program at St. Patrick's Seminary.

Please explain briefly how the sabbatical expenses will be funded.

Name, address and phone number of the party responsible for billing:

Your name: _____
Bishop/Vicar for Clergy, Provincial Superior/Provincial Counselor

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

Phone: _____

E-mail: _____

Authorizing signature: _____

Date: _____

Please submit all information to:

Vatican II Institute
320 Middlefield Road
Menlo Park, CA 94025

Office phone: 650-325-9122
Fax number: 650-325-6765
E-mail: vat2ins@aol.com

5. Do you suffer from allergies, hearing impairment, or breathing problems (e.g. asthma, bronchitis) or any chronic medical conditions (e.g. diabetes, hypertension, etc.)? Please specify.

6. Do you have any special dietary needs? If yes, please specify.

If you have a physician, please provide his or her name, address, and telephone number.

Name: _____

Address: _____

Telephone number: _____

TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

Religious Community or Diocese:

Person: _____ Position: _____

Phone number: _____ E-mail: _____

Family:

Person: _____ Position: _____

Phone number: _____ E-mail: _____