

APPLICATION PROCESS

SAINT JOHN VIANNEY HOUSE OF DISCERNMENT

Thank you for your interest in applying for residency in the Saint John Vianney House of Discernment. Applications are normally submitted during March and April of each year. The Application Board meets after June 1st, reviewing each application, and scheduling a personal interview during the month of June. The Board will communicate their decision to applicants by the end of June. New residents are invited to move into the House on August 1st, with the residency year commencing on August 4th, the Feast Day of Saint John Vianney. Exceptions to the above policy are permitted by special permission of Archbishop Schwietz.

Please attend to the following:

1. Answer all questions on the application as completely as possible. Contact Br. Craig Bonham in the Office of Vocations (907) 297-7774 with any questions.
2. Attach one current photograph.
3. Advise your two character references that the Archdiocese will contact them by writing, and that their responses will be kept confidential.
4. Write four brief essay responses (no more than one page each) on the questions listed on page 12.
5. Complete and return the form authorizing a background check to be sent to you by the Archdiocese.
6. Mail the completed application to:

Br. Craig Bonham, O.M.I.
Vocations Office – House of Discernment
Archdiocese of Anchorage
225 Cordova Street
Anchorage, Alaska 99501-2409
7. Attend the personal interview as scheduled.

ARCHDIOCESE OF ANCHORAGE

APPLICATION FOR

SAINT JOHN VIANNEY HOUSE OF DISCERNMENT

Date: _____ Date Received: _____

Current Photo

Privacy Notice: *The following information is strictly for use by members of the Application Board for the purposes of determining the suitability of applicants to enter the Saint John Vianney House of Discernment. All information is kept confidential and will not be released without the express permission of the applicant. Information is maintained in a resident's personal file until such time that he leaves the House, whereupon it is destroyed.*

GENERAL INFORMATION

1) Name: _____
(First) (Middle) (Last)

Current Address: _____
(Number) (Street) (Apt. #)

City: _____ State: _____ Country: _____ Zip: _____

Phone: Home () _____ Work () _____

Cell () _____ Fax () _____

How long have you lived at the above address? _____

With whom are you currently living? _____

E-mail Address: _____

2) Age: _____ Date of Birth: _____ Place of Birth: _____

3) Ethnic identification (optional): _____

Country of Citizenship: _____

4) Social Security Number: _____

FAMILY BACKGROUND

5) **Father**

Name: _____

Birthplace: _____

Living Deceased

If deceased
Cause of death: _____

Age at death: _____

Year of death: _____

If living, complete address:

Telephone: () _____

Occupation: _____

Religion: _____

Parents' marital status: _____

Mother

Name: _____

Birthplace: _____

Living Deceased

If deceased
Cause of death: _____

Age at death: _____

Year of death: _____

If living, complete address:

Telephone: () _____

Occupation: _____

Religion: _____

6) Brothers and sisters:

First name Age

First name Age

Legal Status

7) Are you a citizen of the United States of America? Yes No
If no,
(a) of what country are you a citizen: _____

(b) Are you a permanent resident of the U.S.A.? Yes No

8) Have you ever been arrested? Yes No

If so, what were the charges? _____

Place of arrest: _____
(City and State) (County) (Country)

Date of arrest: _____

Disposition of charges: _____

9) Have you ever been found guilty or entered a plea of no contest or guilty to any criminal charges? If so, explain fully. (attach additional page if necessary)

RELIGIOUS BACKGROUND

10) Sacraments of Initiation

Date of Baptism: _____ Location: _____
(Church) (City and State)

First Communion: _____ Location: _____
(Church) (City and State)

Confirmation: _____ Location: _____
(Church) (City and State)

11) Family Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor: _____ (Arch) Diocese: _____

12) Current Parish: _____
Address: _____
City: _____ State: _____ Zip: _____
Pastor: _____ (Arch) Diocese: _____

13) Sacramental and Religious Practice

How often do you attend Mass? _____

How often do you receive the Sacrament of Reconciliation? _____

Do you have a regular confessor? Yes No

Do you have a regular spiritual director? Yes No

14) Have you ever been away from the Church for a period of time?

Yes No

If so, for how long? _____

When did you return to the Church? _____

15) Have you ever belonged to a church or religious body other than the Catholic Church?

Yes No

If so, what denomination? _____

Did you participate in the R.C.I.A. ? Yes No

16) List the ways you have been involved in your Church community (e.g. choir member or music ministry, lector, Extraordinary Minister of the Eucharist, youth minister, etc.)

PHYSICAL / MEDICAL DATA

17) Briefly describe the state of your health at the present time: _____

18) Describe any allergies, physical handicaps or limitations (if any): _____

19) Have you ever used illegal drugs of any kind? Yes No
If yes, which drugs? How often? When was the last use?

20) Do you smoke cigarettes? Yes No
If yes how much? _____

21) Do you drink alcoholic beverages? Yes No
If yes, what do you usually drink? _____

Please classify your drinking? light moderate social heavy

22) Have you ever been involved in a chemical dependency or substance abuse program? Yes No
If yes, list where and when: _____

23) Have you ever been in a treatment program for abuse of any kind? Yes No
If yes, please explain: _____

24) If there is any history of mental illness in your immediate family? If yes, please provide details: _____

25) If there is any history of substance abuse in your immediate family? If yes, please provide details: _____

26) Have you ever had any type of counseling? Yes No

If yes, please give details and diagnosis: _____

27) Do you have medical insurance? Yes No

If yes, please indicate company, type of coverage and who is financially responsible for the premium: _____

28) Date of most recent physical exam: _____

29) Contact information for personal physician:

(Name) (Phone)

30) Contact information for personal dentist:

(Name) (Phone)

31) Emergency contact information:

(Name) (Relationship) (Phone)

EDUCATIONAL BACKGROUND

32) High schools attended:

(Name of School)

(City and State)

(Dates Attended)

33) Colleges/ Universities/ Seminaries attended:

(Name of School)

(City and State)

(Degree)

34) List extracurricular academic, social and athletic activities: _____

35) List honors and awards received:

36) Is English your native language? Yes No

If not, how many years have you studied English? _____

37) List foreign languages and indicate speaking/ writing facility:

38) List years of foreign language study for each language:

39) List skills or areas of education in which you have special training or qualification?

WORK EXPERIENCE

40) Concerning your present or most recent full-time job or part-time employment:

Name of Employer: _____

City: _____ State: _____ Zip: _____

Job title: _____

Length of employment: _____

Describe duties: _____

41) List the past two paid positions you have held:

Employer

Duties

Dates

42) Have you ever been fired from a job?

Yes No

If yes, please explain: _____

43) List volunteer work you have performed:

44) Have you ever been dismissed from a volunteer position?

Yes No

If yes, please explain: _____

FINANCIAL STATUS

45) Income:

What, if any, is your present salary?

Weekly \$ _____ Monthly \$ _____ Yearly \$ _____

Do you have a guaranteed income? Yes No

If yes, please indicate the source and the amount below.

Retirement benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Disability benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Summer employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Income from investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Social Security benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Other (describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

46) Indebtedness:

Are you currently in debt (e.g. with credit cards, bank loans or personal loans)? Yes No

If yes, please indicate the type and amount of all your debt (s)

\$ _____

\$ _____

\$ _____

Have you incurred student loans? Yes No

If yes, (and not listed above) indicate each loan below

\$ _____

\$ _____

\$ _____

47) Do you rent or own your current residence? Rent Own

Current rent or mortgage payment per month: \$ _____

LETTERS OF RECOMMENDATION

Please provide names and contact information of two individuals (non-family members) who have known you for at least five years. These individuals should have sufficient knowledge of you to comment on your personality and suitability for entering a process of discernment. Please contact them for permission to list them as references and advise them that they will receive a form mailed from the Archdiocese asking them for their comments. Their responses will remain confidential.

48) Name: _____
(First) (Last)

Current Address: _____
(Number) (Street) (Apt. #)

City: _____ State: ____ Country: _____ Zip: _____

Phone: Home () _____ Work () _____

49) Name: _____
(First) (Last)

Current Address: _____
(Number) (Street) (Apt. #)

City: _____ State: ____ Country: _____ Zip: _____

Phone: Home () _____ Work () _____

50) Thank you for your time and patience in completing this application!

ESSAY QUESTIONS

Please devote serious reflection to the following questions and formulate your answer in a minimum of a one-half page (maximum of one-page) typed response to each of the four questions below. Emphasize “quality” over “quantity” of words. This is your opportunity to reflect to members of the Application Board your intentions toward entering a time of serious discernment.

1. How have you come to know Jesus Christ? What have you done in recent years to develop your personal relationship with Christ? How do you desire to deepen that relationship in the years to come?
2. What does your Baptism and Confirmation mean to you? How have you lived out your baptismal call to bring Christ to others? How does your belief in the Holy Eucharist shape the rest of your life, especially your relationship with others?
3. Do you read Sacred Scripture? Comment on a favorite passage from Scripture. Why is this passage important to you? What does it say about your relationship with God?
4. What do you think a priest is? How does the Catholic Church’s understanding of the priesthood differ from concepts of the ministry in other Christian communities? What signs have led you to believe that God may be calling you to the priesthood?