

DIOCESE OF YAKIMA
VOCATIONS OFFICE

***PRELIMINARY
APPLICATION FOR
POSSIBLE
SEMINARIANS***



***SOLICITUD
PRELIMINAR PARA
POSIBLES
SEMINARISTAS***

DIÓCESIS DE YAKIMA
OFICINA VOCACIONAL

**Reverend Wilmar Zabala
Co-Director of Vocations
Campus Ministry House
706 North Sprague
Ellensburg, WA 98926
509-438-0023**

**Pbro. Juan M. Flores A.
Co-Director de Vocaciones
Parroquia San Luis Gonzaga
213 North Beech Street
Toppenish, WA 98948
509-865-4725**

CONFIDENTIAL/ CONFIDENCIAL

November/ Noviembre 2008

*Preliminary Application
For Possible Seminarians*

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PRELIMINARY APPLICATION
(For those requesting consideration as
Seminarians for the Diocese of Yakima)

Please type or print and return to: Rev. Wilmar Zabala
Co-Director of Vocations
Campus Ministry House
706 North Sprague
Ellensburg, WA 98938

PERSONAL DATA:

DATE

1. **Name:** _____
First Middle Last

2. **Address:** _____
Mailing Address/P.O. Box

City State Zip Code

3. **Phone:** _____
Home Work Cell

4. **Date/Place of Birth:** _____
Date City State/Province Country

5. **Parish that you attend: Name & Address:** _____

Telephone

6. **Please give the name of a Priest who knows you well:**

Name Position

Address Phone

7. Sacraments received:

Baptism: _____
Date Church City, State Country

Confirmation: _____
Date Church City, State Country

Did you participate in the R.C.I.A. process: Yes ___ No ___

8. Student Information:

9. Current Employment Information:

School being attended

Employer City/State

Present grade/ class level

Your particular work

Major or career goal orientation

Years/ months at this job

10. EDUCATIONAL/ CITIZENSHIP/ MILITARY/ FINANCIAL BACKGROUND:

Elementary School City/State Which Years

High School City/ State Span of Years G.P.A.

College City/ State Span of Years G.P.A.

Area(s) of Study

A. Indicate which philosophy courses, if any, you have taken: _____

B. Indicate your ability to communicate in Spanish:

None _____ Little _____ Moderate _____ Proficient _____

C. Indicate any other foreign languages you speak and your ability to speak them:

D. For non-native speakers of English, how many years of English have you studied?

E. Are you a citizen of the United States? Yes ___ No ___

If not, of what country are you a citizen? _____

Are you a permanent resident of the U.S.? Yes ___ No ___

Have you ever had any other USA visa, for example a tourist visa, even if expired?

Yes ___ No ___ If yes, has it expired? Yes ___ No ___

F. Have you ever served in the military? Yes ___ No ___

Branch of Service: _____ Date of Enlistment: _____

Date of Discharge: _____ Type of Discharge: _____

G. Have you ever been arrested? Yes ___ No ___ Age at time of arrest: _____

Place and date of arrest: _____

City County State Date

If so, what were the charges? _____

Outcome: _____

H. FINANCIAL STATUS:

Are you currently in debt (e.g. credit cards, bank loans or personal/government/student loans?)

Yes ___ No ___

If so, please indicate the amount you owe and to whom it is owed:

I. Do you have a regular income? Yes ___ No ___

11. RELIGIOUS BACKGROUND:

A. LIST THE CHURCH-RELATED ACTIVITIES IN WHICH YOU HAVE BEEN ENGAGED DURING THE LAST (3) YEARS:

- a. _____
- b. _____
- c. _____

B. Have you ever stopped the regular practice of your Catholic Faith? For example, not attending Sunday Mass. Yes ___ No ___

If so, for how many months or years? _____ Months _____ Years

C. Have you ever formally renounced your Catholic Faith? Yes ___ No ___

If so, for how long? _____

Why? _____

When did you return to the Catholic Church? _____

D. Have you ever belonged to a Church or religious body other than the Catholic Church?

Yes ___ No ___

12. STATE OF HEALTH:

A. Date of last physical examination: _____

B. Chronic illness or permanent disability _____

C. If there is any history of mental illness in your immediate family, please give details:

D. Have you ever been in a treatment program of any kind? Yes ___ No ___

If so, list where and when: _____

E.. Please list any hospitalizations in the last three (3) years/Give dates and reasons for treatment:

1. _____
2. _____
3. _____

F. Do you drink alcoholic beverages? Yes ___ No ___

G. Do you take prescription drugs? Yes ___ No ___

If yes, please explain: _____

H. Have you ever been chemically dependent? Yes ___ No ___

H. Have you ever been involved in a chemical dependency or substance abuse program?

Yes ___ No ___

13. REFERENCES:

BESIDES THE PRIEST INDICATED IN #6, LIST TWO (2) PEOPLE WHO KNOW YOU WELL AND CAN BE CONTACTED:

A. _____
Name Occupation

Address Phone

B. _____
Name Occupation

Address Phone

14. VOCATIONAL CHOICES & ATTITUDES:

A. Have you ever applied for admittance to another diocese as a seminarian? Yes ___ No ___

If so, were you accepted? Yes ___ No ___ Did you leave? Yes ___ No ___

Why did you leave? _____

How long were you a seminarian there? _____

Ministries Received (eg. lector, acolyte, etc):

Which ones? _____ What year did you receive it? _____

Which ones? _____ What year did you receive it? _____

Name of Diocese(s) _____ How many Years _____

Address(es) _____ Telephone(s) _____

B. Have you ever submitted an application to a religious community? Yes ___ No ___

If so, were you accepted? Yes ___ No ___ Vows Professed: Yes ___ No ___

If yes, which ones _____

Expired? Yes ___ No ___ Why did you leave? _____

Ministries Received (eg. lector, acolyte, etc):

Which ones? _____ What year did you receive it? _____

Which ones? _____ What year did you receive it? _____

Name of Religious Community(es) _____

Address _____ City, State _____ Country _____ Telephone _____

C. Which aspects of priestly life do you find most appealing? _____

D. Which aspects of priestly life do you find most challenging? _____

E. In one or two sentences comment on the following:

1. Obedience to the Bishop: _____

2. Personal Prayer: _____

3. Celibate Chastity: _____

4. Women as parish leaders or helpers with Sunday worship: _____

5. Having lay people as co-workers: _____

6. Ministry to non-English speaking people: _____

15. MARITAL STATUS:

Have you been married? Yes ____ No ____

If you responded yes, please provide the following information:

A. Please give the number of years of the marriage: _____

B. How did the marriage end, death or divorce? _____

C. In which diocese did the marriage occur? _____

D. Please list names and ages of any children:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

E. If the marriage ended in divorce, did it ever receive a declaration of nullity from the Catholic Church?

Yes ____ No ____

F. If so, in which (Arch) Diocese was this granted? _____

Date of Church Annulment: _____

G. In which diocese does your former wife live? _____

16. CANONICAL STATUS:

The following are canonical impediments which would require a dispensation before ordination, please check where applicable:

- a. Severe mental illness (i.e. have you ever committed yourself or been committed to a psychiatric facility?) Yes ___ No ___
- b. Apostasy, heresy or schism (i.e. have you ever publicly abandoned the Catholic Church; have you publicly advocated any views contrary to the teaching of the Catholic Church; have you ever joined another religious body by a formal act?) Yes ___ No ___
- c. Have you made public religious vows? Yes ___ No ___
- d. Have you been involved in the taking of another human life; have you helped someone procure an abortion, performed an abortion or positively cooperated in obtaining an abortion for another person? Yes ___ No ___
- e. Have you ever attempted suicide, self-mutilation or mutilation of others? Yes ___ No ___
- f. Have you ever impersonated a deacon, priest or bishop? Yes ___ No ___
- g. Have you ever been excommunicated? Yes ___ No ___

**DOCUMENTS TO BE SENT DIRECTLY TO THE VOCATION DIRECTOR AS
SOON AS THEY ARE AVAILABLE, INDIVIDUALLY OR COLLECTIVELY**

Church Documents:

1. Recently issued copy of your Baptismal certificate (issued in the last six months by the Church of your baptism).
2. Copy of your Confirmation certificate.
3. Divorce/ Annulment decree if applicable.

Education Documents:

1. Official copies of all high school, college and graduate school transcripts (Contact each school for an official transcript to be sent directly to Vocation Director).

Autobiography (maximum of 6 typed pages)

1. What do you believe have been significant relationships, events and milestones in your life until now?
2. What do you consider the most meaningful facts of your life? (e.g. family, educational background, significant relationships and friendships, professional/ work experiences, etc.)
3. Please, also include your thoughts about the following topics: What the priesthood means to me and how I understand living a life of celibate chastity as a priest.

PERMISSION TO RELEASE INFORMATION

I attest that all the information submitted to the Vocation Office pertinent to this Application is true and complete to the best of my knowledge.

I recognized that the information request by the Vocation Office will be held in the strictest confidence and will become the property of the Diocese of Yakima. It will not be accessible to me. I understand that the decision for me to be accepted or not to be accepted as a seminarian for the Diocese of Yakima will be made at the discretion of the Vocation Director, the Bishop of Yakima, and Seminary Personnel and that there is no obligation on their part to report to me the reasons for any or all decisions regarding this application.

I also agree to authorize the Vocation Director to release any and all information regarding my application to those deemed necessary in the application process.

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PRINT NAME: _____

SIGNATURE: _____

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SIGNATURE: _____

DATE: _____