

# DIOCESE OF SACRAMENTO

## Application for Ministry – Extern Priest

Date of birth:	
Place of birth:	
Date & Place of Ordination:	

**Basic Information (Please print or type):**

Last Name:	First Name:	Middle Name:
Religious Community or Diocese of Incardination:		
Religious Superior's or Bishop's written permission: <input type="checkbox"/> YES <input type="checkbox"/> NO (Please provide)		
Present Assignment:		
Address:		
Number/Street	City	State
ZIP	Country	
Telephone:	FAX:	E-Mail:
U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO Social Security Number:		
If not a U.S. Citizen, please explain type of Visa you have:		
Are you legally eligible for employment in the United States? (Provide documentation)		
Please check type of placement requested:		
<input type="checkbox"/> Full-time parish work		
<input type="checkbox"/> Part-time parish assistance as student resident while attending classes at		
<input type="checkbox"/> Weekend Mass assistance only (without residence)		
<input type="checkbox"/> Hospitality Ministry		
<input type="checkbox"/> Vacation supply priest		
<input type="checkbox"/> Other:		
Date of expected arrival:		Date of departure:
Financial support expected: <input type="checkbox"/> Room & Board only <input type="checkbox"/> Salary/Stipend		
<input type="checkbox"/> Other (specify)		
Languages spoken:		
1)	Able to say Mass fluently? <input type="checkbox"/> YES <input type="checkbox"/> NO	To preach? <input type="checkbox"/> YES <input type="checkbox"/> NO
2)	Able to say Mass fluently? <input type="checkbox"/> YES <input type="checkbox"/> NO	To preach? <input type="checkbox"/> YES <input type="checkbox"/> NO
3)	Able to say Mass fluently? <input type="checkbox"/> YES <input type="checkbox"/> NO	To preach? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please state your purpose in coming to the Diocese of Sacramento:		
Do you plan to seek Incardination? <input type="checkbox"/> YES <input type="checkbox"/> NO		

List any special skills you have which you would like to use in the parish.

Have you had or do you now have any condition, physical or other, that might affect your performance as a priest or your living situation?  YES  NO If yes, please explain:

Please **provide a doctor’s report** and date of last medical examination.

Have you anything in your background that would limit or disqualify you for ministry in the Diocese of Sacramento?  YES  NO

Have you anything in your background that would render you unsuitable to work with minor children?  
 YES  NO

Have you had or do you presently have an untreated alcohol or substance abuse problem?   
 YES  NO

**CRIMINAL BACKGROUND CHECK**

As a part of our application process for employment with the Diocese of Sacramento, It is standard procedure to request from all our applicants both here in the United States and from abroad, a criminal background check . In other words, a statement or report from your local law enforcement agency (police), that they have checked their records and found that you have no criminal record. Please **provide us with a criminal background check from each local law enforcement agency where you have lived for the past five years. This can be in the form of a letter or certificate on official law enforcement letterhead.** Most countries have a standard form they use for this type of request. Others simply send a letter on their official stationary. If you contact your local police station, they should be able to help you with this.

We understand that you should not have a record after recommendation from your Superior General/Bishop; however this is one more official form from a different source that we are requesting. **You should check with a local, state or national police department** and have them provide you with this information. The police should give YOU the document, then YOU can mail or fax it to us. There may be a nominal charge to you for this background check.

**EDUCATION**

Name of School	Address	From (Mo/Yr)	To (Mo/Yr)	Field of Study	Degree (Date/Title)

**PREVIOUS ASSIGNMENTS**

Title	Place	From	To

Please describe your areas of involvement or experience in parish ministry:

Please describe your training/and or accreditation for hospital ministry:

I certify that the information provided in this application is true, correct and complete to the best of my knowledge. I also give the Diocese of Sacramento permission to verify any of the information provided in this application and authorize previous and current employers and other organizations to release all relevant records and information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form and all requested material to:  
Episcopal Vicar for Clergy  
Diocese of Sacramento  
2110 Broadway  
Sacramento, CA 95818 USA