



MASTER CATECHIST APPLICATION

GENERAL INFORMATION

Last:	First:	Middle:
Date of Birth (MM/DD/YYYY): / /		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Address:		
City:	Zip:	
Home Phone:	Cell Phone:	
Parish:	E-mail:	
Are you a Catholic School Teacher:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, name of School:	Position:	
Are you a staff at a Catholic Organization:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, name of Organization / Parish:	Position:	

GENERAL EDUCATION

High School – Name of School:	
Location:	Graduation Date:
Post High School Education – List in chronological order (most recent first) all colleges, universities, and accredited institutions attended, date of attendance and degree or certification obtained.	
Name of Institute:	Date of Attendance:
Major:	Degrees received/expected:
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Major:	Degrees received/expected:

FAITH & MINISTRY FORMATION

Do you have a valid California Catechist Certification (Basic Certification)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, what Diocese:	Date of Expiration: <i>Please attach copy of certificate.</i>
If no, are you working towards certification: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Have you been previously certified as a Master Catechist: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, what Diocese:	Date of Expiration: <i>Please attach copy of certificate.</i>



DIOCESE OF ORANGE ♦ EMMAUS INSTITUTE

13280 CHPAMAN AVE., GARDEN GROVE, CA 92840 ♦ PHONE: (714) 282-3078 ♦ FAX: (714) 282-4242 ♦ WWW.RCBO.ORG/EMMAUSINSTITUTE

Briefly describe your ministry experience involvement including ministry, parish and dates.

Parish:	Ministry:	Dates:
Describe:		
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Describe:		
Parish:	Ministry:	Dates:
Describe:		
Parish:	Ministry:	Dates:
Describe:		

How long have you been a member of your parish?

Briefly describe your relationship to your pastor/administrator/pastoral coordinator?

Have you discussed your interest in Master Catechist Certification with your pastor/administrator/pastoral coordinator?

REFERENCES

Please list two references that will be able to make some assessments of your readiness for this program.

Name:	Relation to you:
E-mail:	Phone:
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E-mail:	Phone:



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Requirements for Master Catechist Applicants:

- Valid Basic Certification
- Submit Application for Master Catechist Certification along with:
 - Two letters of recommendation (*one must be from the pastor*)
 - Autobiographical Sketch (1-2) pages addressing the following topics:
 - *How you became involved in ministry*
 - *Your personal and spiritual growth and how that has affected your faith life*
 - *Your reasons for wanting to obtain Master Catechist Certification (goals, objectives, etc.)*
 - *Any insights into your personal situation that you feel would be pertinent*
 - Copy of College Transcripts (*upon request*)
 - Copy of Certification Certificate (*upon request*)
- Interview with EMMAUS Director (*EMMAUS Office will contact applicant after receiving Application, Letters of Recommendation and Autobiographical Sketch*)

I give permission for the Emmaus Institute to review my application information and to contact references listed and hereby release all entities from any liability for providing such references.

I hereby certify that the information given in this application is correct and complete to the best of my knowledge and belief. I agree to observe and conform to all rules and guidelines of the Emmaus Institute. I understand that there is a discernment process involved in the selection of Master Catechists, and that the granting of a certificate is not automatic upon completion of academic coursework.

Signature of Applicant: _____

Date: _____

Mail Application, Letters of Recommendation and Autobiographical Sketch to:

***Diocese of Orange Pastoral Center
EMMAUS – Master Catechist Program
13280 Chapman Ave.
Garden Grove, CA 92840***