

Diocese of San Bernardino

Office of Vocations



Action Block:

Date:



PERSONAL PROFILE

Last Name	First Name	Middle Initial	
Photo	Birth date	Birthplace	
	Social Security Number	Height	Weight (lbs)
	Driver's License #	State	Expiration Date

HOME ADDRESS

Street		
City	State	Zip
Home  ()	Mobile  ()	
E-mail address		

EMERGENCY CONTACT

Name	Relation	
Street		
City	State	Zip
Home  ()	Mobile  ()	

PARENTS

Father's name		Mother's name	
Birthplace		Birthplace	
Living <div style="text-align: center;">Yes No</div>		Living <div style="text-align: center;">Yes No</div>	
If deceased, cause of death:		If deceased, cause of death:	
Age at death	Year	Age at death	Year
Religion		Religion	
Highest academic year completed		Highest academic year completed	
Occupation		Occupation	
Marital Status			

BROTHERS AND SISTERS

Name	Age	Occupation	Marital Status	Practicing Catholic?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

OTHER RELATIVES

Do you have any relatives in the priesthood or religious life?			Yes	No	If YES , please list:
Name			Order		
Name			Order		
Name			Order		

PHYSICAL EXAMINATION

Date of last physical examination		
Personal physician's name		
Address		
City	State	Zip


PHYSICAL HANDICAPS / LIMITATIONS

Physical handicaps or limitations (if any)
Serious illness (specify age)
Serious accidents (specify age)
Surgeries
Days of work/school missed last year due to illness (state cause)

ADDICTIONS

Have you ever used drugs of any kind? <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Specify type if "yes"
How often?	When last used?
Do you use tobacco <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Amount per day if "yes"
Packs of cigarettes:	Number of cigars:
Pipes:	Chewing tobacco:
Alcohol consumption:	

MEDICAL HISTORY

Check items which do now, or have in the past, cause you concern:				
Allergies	Asthma	High Blood Pressure	Low Blood Pressure	Colds
Diabetes	Headaches	Hearing	Heart Ailment	Insomnia
Nervousness	Overweight	Underweight	Poor Appetite	Tiredness
Vision	Depression	Unconsciousness	Back Problems	Epilepsy
Tumor/Cancer	Hernia	Stomach Problems	Weakness/Paralysis	Night Sweats
Other (explain)				
If there is any history in your immediate family of mental illness, alcoholism or drug addiction, please give details:				
Have you had any kind of counseling? Please explain if "yes"				
Doctor/Therapist name:				
Address	City	State	Zip	
 ()	Medical Insurance Company	Plan		

HIGH SCHOOLS / RELIGIOUS EDUCATION

High School (s) attended:	City:	State:	From:	To:
1.				
2.				
3.				
If you did not attend Catholic schools, please indicate the extent of your religious education (Parish, CCD, or School of Religion)				

COLLEGES / UNIVERSITIES

Name of School:	City:	State:	From:	To:	Major:	Grade/Degree completed
1.						
2.						
3.						
Approximate average in college:				Honors and awards:		
What studies did you like best?				What studies did you like least?		
What courses (if any) did you fail in college?				Extra-curricular activities, social and athletic:		
If you major was not philosophy, indicate which Philosophy courses you have had:						
In what areas or skills of education do you have special training or qualifications?						
Have you ever been dismissed or voluntarily withdrawn from any school or College seminary? If "yes" , give full explanation on a separate sheet.						
						Yes No

FOREIGN / CLASSICAL LANGUAGES


Modern foreign languages (specify speaking/writing facilities)	Years of Latin:
1.	
2.	Years of Biblical Greek:
3.	
4.	Years of Biblical Hebrew:

MILITARY SERVICE


If you have registered for Selective Service, give the following information:			
Selective Service Number:	Classification:	Local Board Number	
Address:	City:	State:	Zip:
If you have served the Military:			
Branch of Service:	Enlistment Date:	Rank at discharge:	
Discharge Date:	Type of Discharge:	Combat:	
Duties (mode of Service)			
Reserve Status			
What did you like best about the Service?			
What did you like least about the Service?			

EMPLOYMENT # 1


Please account for all work experience within the last ten years: Start with the most recent employment

Company:	Address:	Supervisor:	 ()
Duties:			
Reason for leaving:			
Date employment started:	Date employment ended:	Salary:	

EMPLOYMENT # 2

Company:	Address:	Supervisor:	 ()
Duties:			
Reason for leaving:			
Date employment started:	Date employment ended:	Salary:	

EMPLOYMENT # 3

Company:	Address:	Supervisor:	 ()
Duties:			
Reason for leaving:			
Date employment started:	Date employment ended:	Salary:	

CONSENT TO CONTACT EMPLOYER / OTHER WORK

May we contact your former employers?	Yes	No	
Have you ever been fired from a job?	Yes	No	Explain why if <i>“yes”</i>
Volunteer work:			
Do you belong to any professional organizations?			

TIME MANAGEMENT

About how much free time do you have from school and/or work? How do you spend it? (include hobbies, etc)			
What type of books do you prefer reading?			
List some book titles you have read recently:			
1.			
2.			
3.			
What periodicals do you read regularly?			
What programs do you watch on T.V.?			
Are you currently dating?	Yes	No	How old were you when you had your first date?
Have you gone steady?	Yes	No	
Have you been engaged?	Yes	No	
Have you been married?	Yes	No	

LEADERSHIP

Have you exercised any type of leadership in your free-time activities?	Yes	No	Describe if “yes”
Are you a member of any neighborhood organizations?	Yes	No	Describe if “yes”
Are you a member of any social organizations?	Yes	No	Describe if “yes”
Are you a member of any service organizations?	Yes	No	Describe if “yes”
Are you a member of any other organizations?	Yes	No	Describe if “yes”

SACRAMENTAL BACKGROUND

SACRAMENTS	DATE	CHURCH	CITY	STATE
Baptism				
First Communion				
Confirmation				
Parents Marriage				
Does either parent belong to any Oriental Rite of the Church?				
		Father	Mother	
Home Parish Name				
Address				
City		State	Zip	

ATTENDANCE

Indicate frequency of the following for yourself and your parents:

	Yourself	Father	Mother
Mass attendance:			
Reconciliation:			

Have you ever been away from the Church for any period of time? Yes No Explain *when* and *why* if **“yes”**

Time of your conversion

Have you ever belonged to a church other than the Catholic Church?

If **“yes”** answer the following:

Denomination:

Time of Conversion:

RELIGIOUS PRACTICES AT HOME

Indicate the usual religious practice in your home

CHURCH INVOLVEMENT

List the ways in which you have been involved in the Church (e.g., server, choir member, lector, Eucharistic Minister, other):

List the dioceses in which you have resided for six months or longer after 14 years of age (including residence at school/college seminary outside your home diocese)

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

If you have ever applied for or been accepted as a candidate for any other diocese, religious order or secular institute, please list:

Name of Diocese	Order/Institute	Enter Date	Leave Date	Level at leaving time

Did you leave of your own accord or were you asked to leave? Explain why, if applicable:

Have you ever bound yourself by oaths, vows, or promises in a religious organization? Yes No Specify if "yes"

Date	Were they temporary or perpetual?	Have they expired or been dispensed?
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If you have received any of the following, give pertinent information:

	Date	Place / City / State	Instituting Bishop
Candidacy:			
Ministry of Reader:			
Ministry of Acolyte:			

ABOUT YOUR VOCATION

How old were you when you first thought of becoming a priest?

Who, besides yourself, contributed most to your choice of this vocation?

Do your parents approve of your studying for the priesthood?

What skills, aptitudes and experiences do you have which may be valuable in your ministry as a priest?

What motivated you to join our Diocese?

Assuming you are ordained, what kind of assignment would you prefer?

If you were not become a priest, what other careers would you consider?

What is your understanding of **Obedience to your Bishop**:

What is your understanding of **Priestly celibacy**:

What apprehensions do you have about your decision to be a diocesan priest?

What are some of the duties which priests perform that you find appealing?

SUPPLEMENTAL NOTES

[Empty box for supplemental notes]

RELEASE OF INFORMATION

The policy of the Roman Catholic Diocese of San Bernardino is that all information regarding seminarians be held in strictest confidence by the Bishops, Director, Rector, Seminary Board and diocesan appointed psychologists who are permitted access. It is the responsibility of the Director of Vocations / Seminarians to maintain that confidence and to personally approve the release of any information as allowed through this form. Information from my file may not be released to any other party without my written consent.

I recognized that the information requested is provided in confidence and hereby grant the release of: Academic transcripts, evaluations, interviews, letters of recommendation, medical records and psychological reports.

I, the undersigned, in light of the above guarantee, acknowledge that said information, which is or will be an official part of my personal files, becomes the property of the Office of Vocations / Seminarians.

I attest that all the information contained in this application and pertinent to any information provided as part of the process is true and complete to the best of my knowledge.

SIGNATURE _____

DATE: _____