



Office of the Permanent Diaconate

APPLICATION FOR FACULTY ASSIGNMENT

All Permanent Deacons applying for assignment to the Diocese of Palm Beach are required to complete this application and provide the required documents listed on the last page.

Please Check One

Yearly Faculties

Seasonal Faculties

Submission Date

Return completed application and supporting documents to:

Diocese of Palm Beach
Office of the Permanent Diaconate
9995 N. Military Trail
PO Box 109650
Palm Beach Gardens, Florida 33410

561-775-9540

diaconate@diocesepb.org

We will not accept applications for Deacons over age 80.

SECTION A. PERSONAL & FAMILY INFORMATION (Please print or type)

Legal Name _____ Alias _____
 First Middle Last

Local Address _____

City _____ State _____ Zip Code _____

How long have you lived at this address? _____

Mobile # _____ Home # _____ Work # _____

Personal Email Address _____

Date of Birth _____ Age _____ Place of Birth _____

Family Data

Marital Status _____ Date of Marriage, if applicable _____

Spouse Name _____ Spouse Date of Birth _____

Spouse Email _____ Spouse Mobile # _____

Children/Dependents

1. _____ Child 1-yr. of birth _____

2. _____ Child 2- yr. of birth _____

3. _____ Child 3- yr. of birth _____

4. _____ Child 4- yr. of birth _____

Additional family information

Ordination Information

Date of Ordination _____ Ordination (Arch)Diocese _____

Ordaining Prelate _____

If Seasonal Faculties Requested:

When will you be residing in the Diocese of Palm Beach? _____

Seasonal Home Address _____
(Street) (City) (State) (Zip Code)

Current Parish Information

Parish Name _____

Parish Address _____
(Street) (City) (State) (Zip Code)

Diocese of Religious Community with which you are presently affiliated:

EMPLOYMENT HISTORY

Retired from Business: Yes _____ No _____

Current Occupation/Profession, if not retired _____

Job Responsibility _____

Employer _____ Tenure (years) _____

Business Address _____
(Street) (City) (State) (Zip Code)

Business Phone# _____ Business Email _____

Work History (Last 10 years)

_____ Year(s) Profession/Position _____

_____ Year(s) Profession/Position _____

_____ Year(s) Profession/Position _____

SECTION B. EDUCATION AND SKILLS

Institution	Location	Dates attended	Degree Completed
High School			
College/ University			
Graduate/ Post Grad			

Professional Certification(s) (Title, Issuer, Expiration date)

Military Services: Yes _____ No _____ Reserve Status _____

Branch of Service _____ Specialty _____

Date of Discharge _____ Type of Discharge _____

Special Skills / Abilities / Hobbies

Foreign Language Ability: *(List the language and checkmark if you speak, read, and/or write)*

Language	Speak	Read	Write

Language	Speak	Read	Write

Hobbies _____

SECTION C. MINISTRY ASSIGNMENTS

In chronological order with most recent at the top, please list all assignments held up to and including the present.

If extra space is needed, attach a separate page labeled "Section C. Assignments Continued."

Assignments

1. From _____ To _____

Name of Diocese and/or Religious Community

Address: (Street, City, State, Zip Code)

Supervisor/Superior Name

Supervisor Address: (Street, City, State, Zip Code)

Telephone # _____

Assignments

2. From _____ To _____

Name of Diocese and/or Religious Community

Address: (Street, City, State, Zip Code)

Supervisor/Superior Name

Supervisor Address: (Street, City, State, Zip Code)

Telephone # _____

Assignments

3. From _____ To _____

Name of Diocese and/or Religious Community

Address: (Street, City, State, Zip Code)

Supervisor/Superior Name

Supervisor Address: (Street, City, State, Zip Code)

Telephone # _____

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SECTION D. MINISTRIES IN YOUR DIOCESE

Ministry Name	Full Time	Part Time	Compensated (yes or no)

SECTION E. HEALTH & PHYSICAL CONDITIONS

Please state and describe the condition of your general health:

Date of your most recent Physical Examination: _____

Within the last ten years have you received any treatment in any form, either as an inpatient or outpatient for any physical, mental, or alcohol related condition of any kind?

Yes: _____ No: _____

If so, please state and describe the nature of the condition, the identity of the doctor or other health care provider from whom treatment was received; if applicable, the name and address of the facility at which such treatment was received, and the date(s) of all such treatments.

Have you ever been the subject of an investigation involving sexual abuse?

Yes: _____ No: _____

Has any complaint ever been made about you alleging sexual misconduct with a minor? If so, please explain: _____

SECTION F. QUESTIONS Please answer the following questions:

1. Yes: ____ No: ____ Since your date of Ordination have you ever been suspended, dismissed, or asked to resign from any position or assignments? If so, please give details.

2. Yes: ____ No: ____ Have you ever applied for assignment to the Diocese of Palm Beach before? If so, when and to whom?

3. Yes: ____ No: ____ Have you ever applied at another Diocese for Assignment? If so when, and where?

SECTION G. CERTIFICATION BY APPLICANT

I do hereby swear under oath that the contents of this application are true, correct, and complete.

“I agree with and am living my life in accordance with all the moral teachings of the Catholic Church including, but not limited to, the use of artificial birth control, voluntary sterilization (both by spouse and myself) and that I am living a chaste lifestyle appropriate to my state in life.”

Signature of Applicant: _____

Sworn to and signed before me on

This _____ day of _____, 20 ____

Notary Public

CHECKLIST OF REQUIRED DOCUMENTS

All required documents need to be included with this application for processing. *Faculties will NOT be considered until ALL required documents are received.*

1. Certificate of Aptitude from your Ordination Diocese and approval from your ordinary to work outside your diocese.
2. Personal handwritten letter from Deacon to the Bishop and copy to Episcopal Delegate of Permanent Deacons requesting to minister in the Diocese of Palm Beach
To: Most Reverend Manuel de Jesús Rodríguez, J.C.D., Bishop of Palm Beach
CC: Deacon Dave Zanotelli, Episcopal Delegate for Permanent Deacons
3. Recommendation letter from your last assigned parish Pastor
4. Incoming Pastor Request for Faculties Form or Letter (written or email)
5. A recent photograph of you and your wife, if applicable

Processing Expectations

- You will be asked to complete a background check and the Safe Environments training online from your Pastor or Parish Compliance Manager.
- The length of the application process is unknown and based on the completion of the application, Safe Environments actions and supporting documentation submission.
- After all documents are received you will be contacted by the Office of Permanent Diaconate staff member to review your status.
- If you have any questions, please contact the Diocese of Palm Beach, Office of the Permanent Diaconate
 - Phone: 561-775-9540
 - Email: diaconate@diocesepb.org

FOR OFFICE USE ONLY

Deacon assigned to: _____

Pastor Name: _____

Application completion date: _____