

CITI Ministries, Inc.

PO Box 822 – Bowie, MD 20718 – Tel: 301-464-5690 – Fax: 301-464-5691

info@citiministries.org

CONFIDENTIAL CITI MINISTRIES QUESTIONNAIRE

- Please fill out and return by mail along with a copy of your Birth or Baptismal Certificate as well as proof of Latin Rite ordination to: CITI Ministries, Inc., PO Box 822, Bowie, MD 20718.
- All applicants are subject to a background check. Please note that CITI Ministries reserves the right to cancel any membership at its sole discretion if it is in the best interest of the organization and its mission.

PERSONAL BACKGROUND

Full Name _____ Today's date _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Date of Birth: _____ (provide Birth or Baptismal Certificate)

Place of Birth: City: _____ State: _____

Social Security Number: _____

Other Names Used: Name: _____ M/Y to M/Y: _____

Name: _____ M/Y to M/Y: _____

What is your mother's maiden name? _____

Are you a citizen of the United States, or national by birth in the U.S. or U.S. territory/possession? Yes ___ No ___

If not born in the U.S., please check one of the following:

_____ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession.

_____ I am a U.S. citizen, but I was NOT born in the U.S. (See **A** and **B**)

_____ I am not a U.S. citizen (See **C**)

A Citizenship--If you are a U.S. citizen but not born in the U.S.

Naturalization Certification Court: _____

City: _____ State _____

Certificate Number: _____ Date Issued: _____

Citizenship Certificate City: _____ State:

Certificate Number: _____ Date Issued:

State Department Form 240-Report of Birth Abroad of a Citizen of the United States

Date Form prepared: _____ Explanation: _____

U.S. Passport Passport Number: _____ Date Issued: _____

B Citizenship—Dual Citizenship--If you are (or were) a dual citizen of the U.S. and another country, provide the name of that country: _____

C Citizenship—Alien

City/state you entered the U.S.: _____ Date you entered the U.S. Month/date/year: _____

Alien Registration Number: _____ Country(ies) of Citizenship: _____

I still live in this foreign country: _____

EMPLOYMENT HISTORY

Please list your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks.

#1 Month/Year: _____ to Month/Year: _____ (present)

Employer: _____ Your Position: _____

Street Address of Job Location: _____

City: _____ State: _____ Zip Code: _____ Tel: () - _____

Supervisor's Name & Street Address (if different than job location): _____

Street: _____ City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

#2 Month/Year: _____ to Month/Year: _____

Employer: _____ Your Position: _____

Street Address of Job Location: _____

City: _____ State: _____ Zip Code: _____ Tel: () - _____

Supervisor's Name & Street Address (if different than job location): _____

Street: _____ City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

#3 Month/Year: _____ to Month/Year: _____

Employer: _____ Your Position: _____

Street Address of Job Location: _____

City: _____ State: _____ Zip Code: _____ Tel: () - _____

Supervisor's Name & Street Address (if different than job location): _____

Street: _____ City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

#4 Month/Year: _____ to Month/Year: _____

Employer: _____ Your Position: _____

Street Address of Job Location: _____

City: _____ State: _____ Zip Code: _____ Tel: () - _____

Supervisor's Name & Street Address (if different than job location): _____

Street: _____ City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

#5 Month/Year: _____ to Month/Year: _____
 Employer: _____ Your Position: _____
 Street Address of Job Location: _____
 City: _____ State: _____ Zip Code: _____ Tel: () - _____
 Supervisor's Name & Street Address (if different than job location): _____
 Street: _____ City: _____ State: _____ Zip: _____

#6 Month/Year: _____ to Month/Year: _____
 Employer: _____ Your Position: _____
 Street Address of Job Location: _____
 City: _____ State: _____ Zip Code: _____ Tel: () - _____
 Supervisor's Name & Street Address (if different than job location): _____
 Street: _____ City: _____ State: _____ Zip: _____

Please use a separate sheet if you need more space.

YOUR PRIESTHOOD

Date of Ordination: _____ Bishop's Name: _____
 Order priest: _____ What order: _____ Diocesan: _____ What diocese: _____

(Ordination certificate required, if not already on file)

At what age did you enter seminary? _____
 What is the last year we will find your name listed in *The Official Catholic Directory*? _____
 Where was your final assignment? City: _____ State: _____ Country: _____
 Please indicate if you were a parish priest or what your assignment was: _____
 How many assignments did you have in the final ten years (or fewer if transition was shorter)? _____
 Transition Date: _____
 Why did you leave? _____

Why do you want to join CITI and return to ministry? _____

Have you ever been charged with or convicted of any felony? No Yes (explain below)

Have you received information regarding any complaint or notice of hearing from any state or federal authority, agency or legislative committee, or do you know of any pending authority, agency or legislative committee, or do you know of any pending federal, state or local government's action against you? No Yes
explain:

Are you aware of any fact, circumstance or situation with respect to which anyone with whom you have had contact may have grounds for any past or future claim or secret settlements against you for a personal injury (includes claims grounded in sexual misconduct or moral turpitude)? No _____ Yes _____
explain: _____

Have you ever been fired or left a job under unfavorable circumstances? No _____ Yes _____

Have you illegally used a controlled substance? No _____ Yes _____

Have you been arrested for, or charged with, or convicted of any offense (s) not listed in response to any of the above questions? (excluding traffic fines unless related to alcohol or drug) No _____ Yes _____

Single _____ Married _____ Partnered _____ Separated _____ Divorced _____ Widowed _____

Spouse/Partner's name: _____ Do you minister as a couple? No _____ Yes _____

Is spouse or partner certified? No _____ Yes _____ Is spouse (female) a former religious? No _____ Yes _____

Do you have a second denominational affiliation? No _____ Yes _____ Please explain _____

Have you been laicized? No _____ Yes _____ If not, have you applied? No _____ Yes _____ When? _____

YOUR MINISTRY

Do you have a current ministry? Details _____

Your job/profession: _____

How many sacraments have you presided over in the past twelve months?

#Marriages _____ # Unions _____ #Baptisms _____ #Funerals _____ #1st Communion _____ #Other _____

Do you currently participate in a Home Mass/House Church? _____ When do you meet (day and time, or frequency)? _____

Contact (if different from you-name/address/phone): _____

Would you celebrate the Eucharist (in home or public setting) if asked to do so? Yes _____ No _____

In what languages can you provide ministry? _____

For referral purposes, would you remarry divorced Catholics without annulments? Yes _____ No _____

For referral purposes, would you witness a same-sex union? Yes _____ No _____

Are you a retreat leader? _____ Types of retreats: _____

Are you interested in conducting Bible Study in your area? Yes _____ No _____

Would you visit and/or celebrate Mass in Nursing Homes/assisted living facilities, _____ for free_for stipend_?

Would you serve in a parish under a bishop if asked? Yes _____ No _____ Maybe _____

Would you serve as above, if requested by parishioners? Yes _____ No _____ Maybe _____

Would you relocate to serve? Yes _____ No _____

Are you or your wife/partner involved in your local parish or have some other diocesan function?

No _____ Yes _____ What is it? _____

Is your pastor supportive of a married priesthood? No _____ Yes _____ If yes, Name _____

Address: _____ Tel: () - _____

48. Do you have any suggestions or comments as to how CITI can assist you further? _____

YOUR LISTING INFORMATION ON www.citiministries.org

Which number do you want listed in your Find A Priest listing on the website?

Telephone #1: _____ Telephone #2 (optional): _____

Email Address: _____ Website: _____

In which state/states would you like to be listed? _____

*Note: First state listing included with membership; can list up to 3 areas/cities/regions served.
Additional state listings are \$25 each*

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature _____ **Date** _____

Authorization for Release of Background Information: As indicated in the Instructions at the top of Page 1, I am aware that CITI Ministries, Inc. may conduct an ecclesiastical and/or criminal background check on my past life. The following dated signature (in ink) authorizes CITI Ministries, Inc. to do so.

Signature _____ **Date** _____

Please mail or fax to CITI Ministries, Inc. P. O. Box 822, Bowie, MD 20718 Fax: 301-464-5691.

Note that a copy of your listing in The Official Catholic Directory (Kenedy) or Seminary directory helps to expedite your application. If you have any questions, call 301-464-5690 or email us at

info@citiministries.org.

Thank you for your interest!

