

**CATHOLIC DIOCESE OF WINONA-ROCHESTER** 

OFFICE OF YOUTH AND YOUNG ADULTS 55 W. SANBORN STREET, WINONA, MN 55987 507-858-1272

# **2019 Team Member Application**

| Name   |  |  |  |  |
|--|--|--|--|--|
| I can be reached at the above address until/, then Address   |  |  |  |  |
| Address  |  |  |  |  |
|  | write to:  |  |  |  |
| Cell Number  Email  Education:  School Name  Location: City & State  Attended  Date (mo/yr)  High School:  College:  Graduate School:  Seminary: |  |  |  |  |
| Education:  School Name  Location: City & State Attended Date (mo/yr)  High School:  College:  Graduate School:  Seminary:                       |  |  |  |  |
| Education:  School Name  Location: City & State Attended Date (mo/yr)  High School:  College:  Graduate School:  Seminary:                       |  |  |  |  |
| Location: City & State   Years Attended   Date (mo/yr)   |  |  |  |  |
| Location: City & State   Years Attended   Date (mo/yr)   |  |  |  |  |
| High School:  College:  Graduate School:  Seminary:  | Degree/Certificate (I.e. BS, BA, etc.) and Field(s) of Study |  |  |  |
| Graduate School:  Seminary:  | or Study   |  |  |  |
| Seminary:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Employment:  lease document your most recent paid position of employment. [please print]  Business Name  | <u>. I                                   </u>                |  |  |  |
| Business NameAddress_  |  |  |  |  |
|  |  |  |  |  |
| CityStateZip_  |  |  |  |  |
| Phone Number   |  |  |  |  |
| Supervisor Duties  |  |  |  |  |

### **Volunteer History:**

Please document the last two volunteer positions you held.

| Organization Name                          |                                |                          |               |
|--|--------------------------------|--------------------------|---------------|
| Address                                    |                                |                          |               |
| City                                       | State                          | Zip                      |               |
| Phone Number                               |                                |                          |               |
| Supervisor                                 |                                |                          |               |
| Duties                                     |                                |                          |               |
| Organization Name                          |                                |                          |               |
| Address                                    |                                |                          |               |
| City                                       | State                          | Zip                      |               |
| Phone Number                               |                                |                          |               |
| Supervisor                                 |                                |                          |               |
| Duties                                     |                                |                          |               |
| _  | ed in a religious educatio     |                          | ars.          |
| <del></del>                                | er, extraordinary minister     |                          |               |
| Served the parish Please explain: _        | h in other capacities.         |                          |               |
| Current Parish                             |                                |                          | -             |
| Pastor at the Parish                       |                                |                          |               |
| Phone Number for Pa                        | stor/Parish                    |                          |               |
| RTUS Training [Safe<br>Are you VIRTUS cert | e Environment]: cified? No Yes | <u> </u>                 |               |
| If yes: When did you                       | receive training?              |                          |               |
| Where did you receiv                       | e training (parish, city an    | id state)?               |               |
| · MIST manida vanifiaatia                  | on from the parish or VIR      | THE facilitator that you | <b>₹</b> 7• 4 |

certified. Have it emailed to mottman@dowr.org or sent to the address at the end of this application.

#### Talents and Gifts

Please fill in the areas that apply.

| 2) If you play an instrument and                              | or speak Spanish, please compete the following:      |  |  |
|---|--|--|--|
| Instrument # o  | years Skill level (Beginner, intermediate, advanced) |  |  |
|   |  |  |  |
| Spanish studied? # o  | years Skill level (Beginner, intermediate, advanced) |  |  |
| Would you consider yourself fluent in                         | panish?  |  |  |
| Catholic Formation:  Please check and fill in all that apply. |  |  |  |

| 3) | Describe the role of your family in the development of your Catholic faith including prayer habits, Mass, etc.  |
|----|---|
| 4) | What do you value about being Catholic?   |
| 5) | Do you consider yourself a leader? Would you like to be a leader? Explain.  |
| 6) | Have you ever considered to what state in life God is calling you, whether it be marriage, priest, religious brother, religious sister, or single? Explain your process of discernment. |
| 7) | Describe your current life of prayer (when, how, what, etc.).   |
| 8) | Are there any teachings of the Catholic Church with which you have difficulty?  |
| 9) | What makes you qualified to teach Totus Tuus? Why should we hire you?   |

#### **References:**

Please provide a reference from a former employer or volunteer supervisor. The reference must fill out the reference form found at the end of this application.

| R       | Reference:  |           |  |
|---------|---|-----------|--|
| N       | Name  |           |  |
| R       | Relation to Applicant                                     |           |  |
| P       | Phone Number  |           |  |
| Е       | Email Address   |           |  |
| Have yo | ou applied or taught Totus Tuus for any other diocese? If | so,where? |  |

Applications and reference letters are to be emailed to Michael Ottman at <a href="mottman@dowr.org">mottman@dowr.org</a> or faxed to 507-454-8106 or mailed to the address below, **BY** March 1, 2019.

Totus Tuus / Attn: Michael Ottman Diocese of Winona-Rochester 55 W. Sanborn St. PO Box 588 Winona, MN 55987



# TOTUS TUUS

**CATHOLIC DIOCESE OF WINONA-ROCHESTER** 

OFFICE OF YOUTH AND YOUNG ADULTS
55 W. SANBORN STREET, WINONA, MN 55987
507-858-1272

## **2019 Reference Form**

| Applicant's Name  |  |  |
|---|--|--|
| Referent Information:   |  |  |
| Name  |  |  |
| Address   |  |  |
| CityStateZip  |  |  |
| Home PhoneWork Email Address  |  |  |
| Describe your relationship to the applicant and how long you have known him or her. |  |  |
| How familiar are you with youth ministry or specifically with Totus Tuus?           |  |  |
| Please comment on the applicant's involvement in the Catholic Church.               |  |  |
| Would this person be a good role model for a young person? Explain.                 |  |  |

| making our decision. |      |
|----------------------|------|
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|                      |      |
|                      |      |
|                      |      |
|                      |      |
| Signature            | Date |

**BY** March 1, 2019.

Please return this reference form to Michael Ottman at <a href="mottman@dowr.org">mottman@dowr.org</a> or faxed to 507-454-8106 or mailed to:

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