

Basic Information: [please print]

TOTUS TUUS

CATHOLIC DIOCESE OF WINONA-ROCHESTER

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

2020 Returning Team Member Application

Current Address CityStateZip I can be reached at the above address until/, then write to: Address,CityStateZip Cell Number Email	Name						
I can be reached at the above address until//, then write to: Address City State Zip Cell Number							
Address City State Zip Cell Number Email Education: School Name	City	CityState		Zip			
City State Zip	I can be reach	ed at the above address until	l/	, then writ	e to:		
Cell Number	Address						
Education: School Name Location: City & State Years Attended Date (mo/yr) BA. etc.) and Field(s) of Study	City		_State	Zip			
School Name Location: City & State Years Attended Date Date	Cell Numbe	r					
School Name Location: City & State Years Attended Date (mo/yr) BA. etc.) and Field(s) of Study	Email						
Attended Date (mo/yr) High School: College: Graduate School: Seminary: Volunteer History: Please document the last two volunteer positions you held. Organization Name Address City	Education:						
High School: College: Graduate School: Seminary: Volunteer History: Please document the last two volunteer positions you held. Organization Name Address City State Zip Phone Number Supervisor Duties Parish Involvement: Current Parish Pastor at the Parish	School Name	Location: City & State		<u>Date</u>			
Graduate School: Seminary: Volunteer History: Please document the last two volunteer positions you held. Organization Name Address City State Zip Phone Number Supervisor Duties Parish Involvement: Current Parish Pastor at the Parish	High School:						
Volunteer History: Please document the last two volunteer positions you held. Organization Name	College:						
Volunteer History: Please document the last two volunteer positions you held. Organization Name	Graduate School:						
Please document the last two volunteer positions you held. Organization Name	Seminary:						
Supervisor Duties Parish Involvement: Current Parish Pastor at the Parish	Please document the Organization Address City	last two volunteer position Name	State	Zip			
Parish Involvement: Current Parish Pastor at the Parish							
Parish Involvement: Current Parish Pastor at the Parish							
Current Parish Pastor at the Parish							
Pastor at the Parish	Parish Involve	ment:					
Pastor at the Parish	Current Parish						

Talents and Gifts

Please fill in the areas that apply.

- 1) What special talents or gifts do you have that will benefit the Totus Tuus Program?
- 2) If you play an instrument and/or speak Spanish, please compete the following:

Instrument	# of years	Skill level (Beginner, intermediate, advanced)
Spanish studied?	# of years	Skill level (Beginner, intermediate, advanced)
Would you consider yourself f	luent in Spanish?	

Catholic Formation:

- 1) What do you value about being Catholic?
- 2) Describe your current life of prayer (when, how, what, etc.).
- 3) Are there any teachings of the Catholic Church with which you have difficulty?
- 4) Based on your previous involvement with Totus Tuus, what needs to be done to improve the program?

Have you applied or taught Totus Tuus for any other diocese? If so, where?

Applications and reference letters are to be emailed to Michael Ottman at mottman@dowr.org or faxed to 507-454-8106 or mailed to the address below, **BY** March 1, 2020.

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