



Diocese of Las Vegas Catechist Formation Process

APPLICATION FORM

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Name of Parish: _____

-OR-

Catholic School: _____

Present Ministry:

- Religious Education: *grade level* _____
- Catholic School Educator: *grade level* _____
- RCIA
- Youth Ministry

Please indicate level of application (check ONE only)

<input type="checkbox"/> LEVEL I <i>Basic</i>	<input type="checkbox"/> LEVEL II <i>Advanced</i>	<input type="checkbox"/> LEVEL III <i>Ongoing Formation</i>
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Complete both sides of form and return to:

Dept. of Faith & Ministry Formation
 PO Box 18316
 Las Vegas NV 89114-8316

(702)735-6044 Telephone
 (702)697-5917 Fax
ctravinski@dioceseoflasvegas.org

<i>Office Use Only</i>
Certification Date:
Level I Basic _____
Level II Advanced _____
Level III Ongoing _____

