



DIOCESE OF PALM BEACH
Office of the Permanent Diaconate

**APPLICATION BY A PERMANENT DEACON
FOR ASSIGNMENT TO THE DIOCESE OF
PALM BEACH**

All Permanent Deacons applying for assignment to the Diocese of Palm Beach are required to complete the following application. Find in the last page of this application, a check list of all the documents that are required, please attach to the application and mail it to the Diaconate Office.

✓
please put a check mark

Yearly Faculty

Seasonal Faculty

Return the complete form to:

Diocese of Palm Beach
Office of the Diaconate
9995 N. Military Trail
Palm Beach Gardens, Florida 33410
561-775-9540
diaconate@diocesepb.org

SECTION A. PERSONAL INFORMATION (Please Print)

Date: _____

Full Name: _____

Current Residence Address: _____

Cell# _____ Home # _____ Work # _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Ordination: _____ Place of Ordination _____

Ordaining Prelate: _____ Retirement age for Ordination
Diocese: _____

Name of Home Parish and full Address:

Home Parish Name: _____

Home Parish Address: _____

Diocese of Religious Community with which you are presently affiliated:

Family Data:

Marital Status: _____ Wife's Name: _____

Date of Marriage: _____ Wife's Date of Birth: _____

Wife Cell # _____

Children:

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

EMPLOYMENT HISTORY

Retired from Business: Yes: _____ No: _____

Previous occupation(s)

Current occupation, if not retired _____

Job Responsibility: _____

Employer: _____

Business Address: _____

Business Phone#: _____ Business Email: _____

SECTION B. EDUCATION AND RELIGIOUS TRAINING

Institution	Location	Dates attended	Degree Rec'd
High School			
College/ University			
Graduate/ Post Grad			

2. Professional Certification(s) (give Title, Issuer, Expiration date)

3. Military Services Yes: _____ No: _____

Branch: _____ Specialty: _____ Yr. discharge _____
Type: _____

4. Special Skills / Abilities:

5. Foreign Language Ability: (Specify those and whether you speak, read or write.)

6. Hobbies: _____

SECTION C. MINISTRY ASSIGNMENTS

Please list in chronological order, the following information with respect to all assignments held up to and including the present. If additional space is required, attach a separate sheet headed, "Section C. Assignments Since"

Assignments

1. From: _____ to: _____

Name (Diocese and/ or Religious Community)

Address: (Street, City, State, Zip)

Name: (Supervisor/Superior)

Address: (Street, City, State, Zip)

Telephone # including area code
=====

Assignments

2. From: _____ to: _____

Name (Diocese and/ or Religious Community)

Address: (Street, City, State, Zip)

Name: (Supervisor/Superior)

Address: (Street, City, State, Zip)

Telephone # including area code

=====

Assignments

3. From: _____ to: _____

Name (Diocese and/ or Religious Community)

Address: (Street, City, State, Zip)

Name: (Supervisor/Superior)

Address: (Street, City, State, Zip)

Telephone # including area code

=====

SECTION D. MINISTRIES IN YOUR DIOCESE

If being financially compensated,
indicate "PT" for part time or "FT" for full time.

List Ministries

List Ministries

SECTION E. 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 for assignment to the Diocese for Assignment? If so when, and where?

SECTION F. HEALTH & PHYSICAL CONDITIONS

Please state and describe the condition of your general health

1.

2. Date of your most recent Physical Examination: _____

3. Yes: _____ No: _____ 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?

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.

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

Yes: _____ No: _____

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

SECTION G. CERTIFICATION BY BISHOP OF VICAR GENERAL

I do hereby certify that I am presently the ecclesiastical superior of the applicant name above, that I have read the contents of this application, and that I hereby certify that the contents of the application are true, correct, and complete. I further certify the letter of recommendation which is submitted by me in support of this application is true and correct, and that I have fully disclosed all material matters known to me reflecting on the applicant's performance and personal character while under my supervision. I do recommend the applicant to the Diocese of Palm Beach without qualification or reservation of any kind. **My letter of recommendation is enclosed with this application.**

Signature of Bishop/ Vicar General

Title

Date:

Affixed Seal of Diocese or Religious Order

SECTION H. CERTIFICATION BY APPLICANT

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

Signature of Applicant: _____

Sworn to and signed before me on

This _____ day of _____, 20 _____

Notary Public

CHECKLIST

(ALL REQUIRED DOCUMENTS NEED TO BE ATTACH TO THIS APPLICATION FOR PROCESSING)

Forms / Letters /Documents

1. Letter of recommendation from one of the three people listed:
 - A. Diocesan director of deacon personnel
 - B. Vicar for Clergy
 - C. Diocesan Bishop
2. Letter from Deacon requesting to minister in the Diocese of Palm Beach, making his petition known in writing to the Bishop and Episcopal Delegate of permanent deacons of the Diocese of Palm Beach

To: Most Reverend Gerald M. Barbarito, D.D., J.C.L., Bishop of Palm Beach
To: Deacon Dave Zanotelli, Episcopal Delegate for Permanent Deacons

Address:
Diocese of Palm Beach
Office of Permanent Deacons
9995 N. Military Trail
Palm Beach, Gardens, Florida 33410

3. When an extern deacon living in the Diocese of Palm Beach approaches a pastor to request assignment and is accepted, the Pastor is required to write a letter to the Bishop and Episcopal Delegate for Permanent Deacon Requesting faculties (please follow up with the pastor and ask him to send a letter requesting faculties for you).
4. Pastor Request for Faculties Form (completed by incoming parish pastor)
5. Please provide us with the following documents
 - a. Birth Certificate
 - b. Marriage Certificate
 - c. Ordination Certificate
 - d. Two (2) photos each of Deacon and wife

6. Section G needs to be signed by your Bishop or the Vicar General unless separate letter is received from Bishop or Vicar General.
7. Section H needs to be witnessed and notarized.
8. Your pastor will request that you do a background check and take the Virtus program online. (Please have parish provide us with a copy of each)

After all documents are received you will be contacted by Deacon Dave Zanotelli.

If you have any questions, please don't hesitate to call the Diocese of Palm Beach, Office of the Permanent Diaconate

Phone: 561-775-9540

Email: diaconate@diocesepb.org

For your information: The length of the process is unknown is all based on the completion of the application, documents required and the time the pastor send his petition.

If we need anything else from you, we will email you or call you.

Thank you for applying to the Diocese of Palm Beach.

Deacon Dave Zanotelli
Episcopal Delegate for Permanent Deacons



FOR OFFICE USE ONLY

Deacon assigned to: _____

Pastor Name: _____

Application completed date: _____