



**Office of the Permanent Diaconate**

**APPLICATION FOR FACULTY ASSIGNMENT**

All Permanent Deacons applying for assignment to the Diocese of Palm Beach are required to complete this application and provide the required documents listed on the last page.

**Please Check One**

**Yearly Faculties**

**Seasonal Faculties**

**Submission Date**

**Return completed application and supporting documents to:**

Diocese of Palm Beach  
Office of the Permanent Diaconate  
9995 N. Military Trail  
PO Box 109650  
Palm Beach Gardens, Florida 33410

561-775-9540

[diaconate@diocesepb.org](mailto:diaconate@diocesepb.org)

*We will not accept applications for Deacons over age 80.*

**SECTION A. PERSONAL & FAMILY INFORMATION (Please print or type)**

Legal Name \_\_\_\_\_ Alias \_\_\_\_\_  
                    First                      Middle                      Last

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Family Data**

Marital Status \_\_\_\_\_ Date of Marriage, if applicable \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

Spouse Email \_\_\_\_\_ Spouse Mobile # \_\_\_\_\_

**Children/Dependents**

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**

\_\_\_\_\_  
\_\_\_\_\_

**Ordination Information**

Date of Ordination \_\_\_\_\_ Ordination (Arch)Diocese \_\_\_\_\_

Ordaining Prelate \_\_\_\_\_

If Seasonal Faculties Requested:

When will you be residing in the Diocese of Palm Beach? \_\_\_\_\_

Seasonal Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Current Parish Information**

Parish Name \_\_\_\_\_

Parish Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Diocese of Religious Community with which you are presently affiliated:

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Retired from Business: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Occupation/Profession, if not retired \_\_\_\_\_

Job Responsibility \_\_\_\_\_

Employer \_\_\_\_\_ Tenure (years) \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone# \_\_\_\_\_ Business Email \_\_\_\_\_

Work History (Last 10 years)

\_\_\_\_\_ Year(s) Profession/Position \_\_\_\_\_

\_\_\_\_\_ Year(s) Profession/Position \_\_\_\_\_

\_\_\_\_\_ Year(s) Profession/Position \_\_\_\_\_

## **SECTION B. EDUCATION AND SKILLS**

<b>Institution</b>	<b>Location</b>	<b>Dates attended</b>	<b>Degree Completed</b>
<b>High School</b>			
<b>College/ University</b>			
<b>Graduate/ Post Grad</b>			

Professional Certification(s) (Title, Issuer, Expiration date)

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Military Services: Yes \_\_\_\_\_ No \_\_\_\_\_ Reserve Status \_\_\_\_\_

Branch of Service \_\_\_\_\_ Specialty \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

### **Special Skills / Abilities / Hobbies**

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Foreign Language Ability: *(List the language and checkmark if you speak, read, and/or write)*

Language	Speak	Read	Write

Language	Speak	Read	Write

Hobbies \_\_\_\_\_

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**SECTION C. MINISTRY ASSIGNMENTS**

In chronological order with most recent at the top, please list all assignments held up to and including the present.

If extra space is needed, attach a separate page labeled "Section C. Assignments Continued."

**Assignments**

1. From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Diocese and/or Religious Community

\_\_\_\_\_  
Address: (Street, City, State, Zip Code)

\_\_\_\_\_  
Supervisor/Superior Name

\_\_\_\_\_  
Supervisor Address: (Street, City, State, Zip Code)

Telephone # \_\_\_\_\_

**Assignments**

2. From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Diocese and/or Religious Community

\_\_\_\_\_  
Address: (Street, City, State, Zip Code)

\_\_\_\_\_  
Supervisor/Superior Name

\_\_\_\_\_  
Supervisor Address: (Street, City, State, Zip Code)

Telephone # \_\_\_\_\_

**Assignments**

3. From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Diocese and/or Religious Community

\_\_\_\_\_  
Address: (Street, City, State, Zip Code)

\_\_\_\_\_  
Supervisor/Superior Name

\_\_\_\_\_  
Supervisor Address: (Street, City, State, Zip Code)

Telephone # \_\_\_\_\_

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**SECTION D. MINISTRIES IN YOUR DIOCESE**

Ministry Name	Full Time	Part Time	Compensated (yes or no)

## **SECTION E. HEALTH & PHYSICAL CONDITIONS**

Please state and describe the condition of your general health:

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Date of your most recent Physical Examination: \_\_\_\_\_

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?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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.

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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**SECTION F. 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.

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2. Yes: \_\_\_\_ No: \_\_\_\_ Have you ever applied for assignment to the Diocese of Palm Beach before? If so, when and to whom?

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3. Yes: \_\_\_\_ No: \_\_\_\_ Have you ever applied at another Diocese for Assignment? If so when, and where?

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**SECTION G. CERTIFICATION BY APPLICANT**

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

*“I agree with and am living my life in accordance with all the moral teachings of the Catholic Church including, but not limited to, the use of artificial birth control, voluntary sterilization (both by spouse and myself) and that I am living a chaste lifestyle appropriate to my state in life.”*

Signature of Applicant: \_\_\_\_\_

Sworn to and signed before me on

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public

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# CHECKLIST OF REQUIRED DOCUMENTS

**All required documents need to be included with this application for processing. *Faculties will NOT be considered until ALL required documents are received.***

1. Certificate of Aptitude from your Ordination Diocese and approval from your ordinary to work outside your diocese.
2. Personal handwritten letter from Deacon to the Bishop and copy to Episcopal Delegate of Permanent Deacons requesting to minister in the Diocese of Palm Beach  
To: Most Reverend Gerald M. Barbarito, D.D., J.C.L., Bishop of Palm Beach  
CC: Deacon Dave Zanolli, Episcopal Delegate for Permanent Deacons
3. Recommendation letter from your last assigned parish Pastor
4. Incoming Pastor Request for Faculties Form or Letter (written or email)
5. A recent photograph of you and your wife, if applicable

## Processing Expectations

- You will be asked to complete a background check and the Safe Environments training online from your Pastor or Parish Compliance Manager.
- The length of the application process is unknown and based on the completion of the application, Safe Environments actions and supporting documentation submission.
- After all documents are received you will be contacted by the Office of Permanent Diaconate staff member to review your status.
- If you have any questions, please contact the Diocese of Palm Beach, Office of the Permanent Diaconate
  - Phone: 561-775-9540
  - Email: [diaconate@diocesepb.org](mailto:diaconate@diocesepb.org)

## FOR OFFICE USE ONLY

Deacon assigned to: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Application completion date: \_\_\_\_\_