

## Liturgical Certification Program Participant Profile LITURGY, MUSIC, OR INITIATION DIRECTOR

(Please print or type) NAME		Home Phone ( )	
ADDRESS			
CITY	ZIP	EMAIL	
PARISH/CITY		PASTORAL RE	GION
Area of Certification:	turgy Director	fusic Director	Initiation Director
Please check the areas of liturgic	al ministry in which you l	nave experience.	
Liturgy Committee Eucharistic Minister Liturgies with Children Art & Environment SESSIONS ARE HELD ONCE A	MONTH AT: St. John 546 E Fl Inglewoo		
	PERSONAL 1	DATA	
Please give a brief personal descri	ription of yourself, includ	ing your hobbies and inter	rests.
What language(s) do you speak?			
	EDUCATIONAL BA	CKGROUND	
School or Institution	Year(s)	Degree/Diploma	
	1		

Please list the Liturgical Conferences, Religious Education Congresses and other enrichment programs you have attended in the past 5 years.
lave attended in the past 5 years.
List any recent periodicals and literature you have read in the areas of liturgy, initiation and/or sacred must
YOUR LITURGICAL MINISTRY EXPERIENCE IN THE PARISH
Parish/Institution Dates Role
Failsh/institution Dates Role
REFERENCES
1. Pastor name:
Pastor email:
2. Director of Liturgy name:
Director of Liturgy email:
Please return this application to the Office for Worship, 3424 Wilshire Blvd., Los Angeles, CA 90010
Attention: Claudia Marin-Austin or by email to cbmarin-austin@la-archdiocese.org. After your applicati
has been reviewed and evaluated, you will be notified about possible dates and times for an interview.  Please send the application before October 15, 2019.
Acceptance into the program is contingent upon satisfactory completion of the interview, personal
profile, and pastor recommendation.