

RELIGIOUS EDUCATION MINISTRIES DIOCESE OF MANCHESTER, NH

APPLICATION FOR DIOCESAN CERTIFICATION

Application for: (Check appropriate box)

- Director of Religious Education (DRE)
 Coordinator of Religious Education (CRE)
 Facilitator of Religious Education (FRE)

Office Use Only

Application Received _____
References Received _____
_____, _____
Cert. _____ Date _____

Name _____
(title) (first) (middle) (last)

Address _____
(number & street) (town, state, zip)

Day Phone _____ Evening Phone _____

EDUCATION

List your educational history and send us transcripts of your college and graduate school records.

High School _____

Address _____

Year of Graduation _____

College _____

Address _____

Degree/Major _____

Year Granted _____

Graduate School _____

Address _____

Degree/Major _____

Year Granted _____

Other institutions _____

Address _____

Degree/Certificate _____

Year Granted _____

Complete the attached Professional Development Records for the past three years.

EXPERIENCE

Position _____

Institution _____

Address _____

Years _____

Position _____

Institution _____

Address _____

Years _____

Position _____

Institution _____

Address _____

Years _____

Position _____

Institution _____

Address _____

Years _____

STATEMENTS

Give a brief statement of your philosophy of Religious Education.

State what you believe is the role of a parish Director/Coordinator/Facilitator of Religious Education.

INTERVIEW AVAILABILITY

Indicate when you would be available for an interview.

Days _____

Times _____