

Intercessors of the Lamb

Vocations Questionnaire

If interested in finding out more about a vocation with the Intercessors of the Lamb, copy and paste this form onto a Word document, fill it out and email it to:

bellwether@novia.net

or you may print out the form, fill it out and mail it to:

*Vocations
Intercessors of the Lamb
4014 North Post Road
Omaha, NE 68112*

Name _____ Date of Birth _____
First Middle Last Mo. Day Yr.

Social Security # ____ - ____ - ____ Place of Birth _____

United States Citizen __Yes __No Phone (____) _____
Area Code Number

Address _____
Street _____

City State Zip +Four

If mailing, please include a recent photo of yourself.
If emailing, please attach photo to email.

FAMILY AND PERSONAL BACKGROUND

Father's name _____ Religion _____ Is he living? _____

Mother's name _____ Religion _____ Is she living? _____

Are your parents: Living together? Separated?
 Divorced? Remarried?

How many brothers do you have? _____ How many sisters? _____

What is your sibling rank? _____

Have you always been a Catholic? Yes No

If you are a convert, since when? _____

Have you been married? Yes No

Are you: Separated? Divorced? Widowed?

If you are separated or divorced, do you have a marriage annulment? Yes No

Do you have any children for whom you are responsible? Yes No

If yes, please give their name, age and sex:

Name _____	Age _____	Sex <input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Age _____	Sex <input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Age _____	Sex <input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Age _____	Sex <input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Age _____	Sex <input type="checkbox"/> Male	<input type="checkbox"/> Female

PERSONAL HEALTH HISTORY

Personal Physician:

Name

Address

Telephone number (____)

Health insurance number and/or other medical insurance.

Past illness _____ Year _____

Surgical operations _____ Year _____

Accidents and/or injuries _____ Year _____

Have you any medical complaints at present? ___Yes ___No If so, describe _____

Are you under medical treatment at present? ___Yes ___No If so, specify _____

Are you presently taking drugs on your own or on the prescription of your doctor?

___Yes ___No If so, specify

Do you presently have a dependency on alcohol? ___Yes ___No

Have you had any alcohol dependency in the past? ___Yes ___No

If so, when?

Do you have any handicaps? ___Yes ___No If so, what are they?

CURRENT EMPLOYMENT

Please list current employer

How long have you been employed in this particular experience?

Do you have any specific professional qualifications? ___ Yes ___ No

If Yes, please list

EDUCATION: PLACES AND DATES

Grade School

High School

SPIRITUAL

Have you been baptized? ___Yes ___No
Have you been Confirmed? ___Yes ___No
Do you participate regularly in the sacramental life of the Church? ___Yes ___No

Do you have a spiritual director? ___Yes ___No
If so, whom? _____
How Long? _____
How Often Seen? _____

Do you participate in any particular Church ministry? ___Yes ___No
If yes, please list

Have you ever lived in any religious community? ___ Yes ___No
If so, when? _____ How long? _____
Which one? _____
Under Vows? ___Yes ___No Dispensation? ___Yes ___No
When? _____

If no longer there, what was your reason for leaving? _____

Briefly describe your spirituality _____

Describe your prayer life

