



ST. MARY MAGDALENE CATHOLIC COMMUNITY

Serving the Needs of God's People Since 1949

Serving

Liturgy and Music Mentoring Program Application

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Education

High School: _____

Years Attended: _____ GPA: _____ Graduated: Yes _____ No _____

College: _____

Years Attended: _____ GPA: _____ Graduated: Yes _____ No _____

Major: _____ Minor: _____

Degree Obtained: _____

Certifications: _____



ST. MARY MAGDALENE CATHOLIC COMMUNITY

Serving the Needs of God's People Since 1949

Serving

Employment History

Company: _____ Position: _____

Address: _____ Start Date: _____ End Date: _____

Company: _____ Position: _____

Address: _____ Start Date: _____ End Date: _____

References

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____



ST. MARY MAGDALENE CATHOLIC COMMUNITY

Serving the Needs of God's People Since 1949

Serving

Have you been convicted of a crime other than a minor traffic offense? ____ Yes ____ No
If yes, please specify:

(A conviction will not necessarily bar candidacy. Factors such as the number of convictions, your age at the time of the crime(s), seriousness of the crime(s), and nature of the crime(s) in relation to the position are taken into consideration).

APPLICANT'S STATEMENT *(read carefully before signing)*

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any willful omission, or any falsification or misrepresentation of the information provided on this application or in an interview, is sufficient cause for rejection of my application or termination of my candidacy in the event of acceptance to this program.

I understand that this application is not intended to be an indication of acceptance to the program. In the event of acceptance to the program, I understand that I or the Diocese of Cleveland or St. Mary Magdalene Church may terminate my candidacy at any time, or for any reasons consistent with applicable state or federal law, and that this candidate-at-will policy cannot be changed unless the change is specifically authorized in writing.

I authorize all persons, investigation agencies, business organizations, schools, companies, corporations, credit bureaus, any law enforcement agencies to supply the Diocese of Cleveland, St. Mary Magdalene Church and/or its agents any information concerning my background. I release the Diocese of Cleveland, St. Mary Magdalene Church and its agents from any and all liabilities and responsibilities, damages, and claims of any kind whatsoever arising from the investigation of my background.

I understand, also, that in the event of acceptance to the mentoring program I am required to abide by all rules and regulations of the Diocese of Cleveland.

Signature of Applicant _____ **Date** _____

(if under 18 years of age)

Signature of Parent/Legal Guardian _____ **Date** _____

Please submit your completed application along with all other required documentation to:

Bob Soeder | St. Mary Magdalene Church | 32114 Vine St. Willowick OH 44095 | bsoder@smmwillowick.org