



Diocese of
Green Bay

**Registration and Application Form
for
Recognized Catholic Lay Organizations**

Date of Application _____

Name of Organization _____

Contact person name _____

Address _____

City _____ Zip code _____

Phone number: _____ Email _____

1. Briefly describe the mission or purpose of this organization.
2. Provide a brief description of the programs and services provided. Please include estimates of the number of people served.
3. Does the organization have a written mission statement, constitution, by-laws, operating guidelines, etc. ___no ___yes, if yes, please include a copy with your application.
4. Does this organization have a board of directors, advisory group or steering committee? ___no ___yes, if yes, please include with your application a listing of all current members of the group. Also please indicate members who are officers i.e. chairperson, vice- chair, secretary, treasurer, etc.
5. Is the organization committed in word and action to the teachings and traditions of the Catholic Faith? ___no ___yes.

6. Is the organization incorporated? ___no ___yes, if yes please attach a copy of the organization's incorporation papers.
7. Does the organization have a chaplain or spiritual director ___no ___yes, if yes please indicate who _____.
8. How many people are members of this organization? _____
9. Briefly describe how the organization is funded.
10. Does the organization have liability insurance? ___no ___yes, if yes, please include a copy of the liability insurance policy that includes the levels of coverage provided.
11. Is this organization in any way affiliated or part of a parish in the Diocese of Green Bay? ___no ___yes, if yes please indicate the name of the parish and city in which it is located. _____.
12. Is this organization in any way affiliated or part of a diocesan office or department of the Diocese of Green Bay? ___no ___yes, if yes please indicate the name of the office or department. _____.
13. Is this organization affiliated with any national or international Catholic organization(s) ___no ___yes, if yes, please indicate which one(s) _____.
14. Is there a member of the staff of the Diocese of Green Bay assigned to this organization as a liaison? ___no ___yes, if yes, please indicate who and what diocesan office or department they are a member of _____.
15. Does the organization have contact with or in any way is it entrusted with the supervision, guidance or care of children, youth or vulnerable adults ? ___no ___yes.
 - If yes, does the organization adhere to the diocesan policies and standards for insuring a safe environment? ___no ___yes,
 - if yes, have members of the organization participated in VIRTUS training and has the organization done the diocesan approved criminal background checks for members? ___no ___yes,
 - if yes, what is the name of the Local Safe Environment Coordinator that the organization has been working with? _____.

16. If the organization is officially Recognized as a Catholic Lay Organization operating in the Diocese of Green Bay is it permissible for the Diocese of Green Bay to publicly list the organization as such in the following ways:

- On the Diocese of Green Bay website? ___no ___yes,
- In the Wisconsin Pastoral Handbook? ___no ___yes,
- As part of any diocesan approved directory of programs, services and organizations? ___no ___yes.

I certify that the information contained in this application is true and complete to the best of my knowledge. I authorize the Diocese of Green Bay or its agents to undertake any and all investigations it deems appropriate in connection with this application.

Signature: _____ Date: _____

List of Attachments to Accompany This Application

1. Mission Statement, Constitution, By-laws or Operating Guidelines.
2. List of the names of board members, including names of organization officers.
3. If incorporated, copy of incorporation papers.
4. If the organization has liability insurance, copy of the insurance policy.

Questions?

Contact

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Diocese of Green Bay
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Toll free within diocese – 1-877-500-3580 ext. 8175