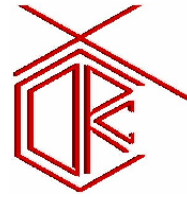




**Diocese of Peterborough  
Youth Office  
CORC**



**Application Form**

The following information will be kept strictly confidential and will remain on file at the Vocations, Evangelization and Youth Office (VEYO) of the Diocese of Peterborough.

Please print this application form off and return it to the address provided at the end. If you require more room to answer a question, please use reverse of this form.

**Please print clearly!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ O.H.I.P. #: \_\_\_\_\_

School/College/University/Place of Employment: \_\_\_\_\_

Parish: \_\_\_\_\_

Previous involvements in Church life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for wanting to join CORC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree that as a CORC you would attend as many meetings and events as your other obligations to family, school and/or work permit? **Yes / No**

Also, do you agree to contribute to CORC initiatives to the best of your ability? **Yes / No**

How much time can you afford to contribute to CORC?

\_\_\_\_\_  
\_\_\_\_\_

What are your talents which you could offer to CORC initiatives (e.g. music, public speaking, personal talks, drama, etc)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your hopes for CORC and what would you like to see accomplished? Do you have any suggestions for how CORC can help young people grow closer to Christ?

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**I agree to allow my image and/or likeness to be used for the purposes of CORC and VEYO promotional materials and publications. I waive any right to compensation or ownership thereto.**  
Yes / No

**I have read and I understand and agree to the responsibilities and privileges of being part of CORC as outlined in the CORC Constitution? Yes / No**

**EMERGENCY CONTACT:**

**First & Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Physician Phone Number:** \_\_\_\_\_

**I, the undersigned, understand that in the case of a medical emergency every effort will be made to reach the emergency contact listed on this form; but in the event that one cannot be reached, I hereby give permission to secure medical treatment as deemed necessary. I agree not to hold the Diocese of Peterborough, its leaders, employees and/or volunteers responsible for any damages, losses or injuries incurred.**

If Applicant is under the age of eighteen:

**I, the undersigned, consent for my child (the applicant) to participate in all CORC initiatives, including but notwithstanding meetings and other planned events.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit two reference letters with this form, one from your pastor.

You may be contacted to schedule a meeting with Father Norbert which is a necessary component prior to enrollment as a member of CORC.

**Please return to:** Father Norbert Glasmacher;  
Director of the Vocations, Evangelization and Youth Office  
**411 Reid Street, Box 175**  
**Peterborough, Ontario**  
**K9J 6Y8**