



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  
PO Box 23825  
Green Bay, WI 54305-3825  
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Toll free within diocese – 1-877-500-3580 ext. 8175