

Request Form for Incoming Speakers, Instructors, or Facilitators

Please use this form for incoming Speakers for any parish missions, retreats, workshops, classes, etc. Any time a Speaker NOT affiliated with the Diocese of Lafayette-in-Indiana gives a presentation on Church property or on behalf of the Church, it is appropriate to use this form. The requesting organization must assure a background check is complete for lay speakers at any youth event.

Parish / Institution Name: _____ Parish / Institution contact person: _____
Phone Number: _____ Event Date(s): _____

Please check all that apply:

- | | | | |
|--|---|-------------------------------------|--------------------------------------|
| <i>The Person named below is a</i> | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Lay Person |
| <i>This Person is a</i> | <input type="checkbox"/> Speaker | <input type="checkbox"/> Instructor | <input type="checkbox"/> Facilitator |
| <i>This Person will be working with children</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <i>This Person is from an Institution of higher education</i> | <input type="checkbox"/> Mandatum on file | | |
| <i>This Person is a Catholic</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Event Description (retreat, conference, etc.): _____

*Name of incoming Speaker: _____
Phone: _____ Address: _____
E-mail: _____ Website: _____

*From what Diocese, Religious Institution, Employer: _____
*Contact Person (Diocese, Religious Superior, etc.): _____
*Address: _____
*Phone: _____ E-mail: _____

****Required Information (The approval process will not begin without this information.)***

Any other pertinent information: _____

(Diocesan Use Only – Date and initial)

Date letter of good standing requested: _____ Date received: _____

Date background check approved: _____

- | | |
|---|---|
| <input type="checkbox"/> HR Approved _____
<i>(initials)</i> | <input type="checkbox"/> Chancery Approved _____
<i>(initials)</i> |
|---|---|

Parish / Institution Notified (date): _____