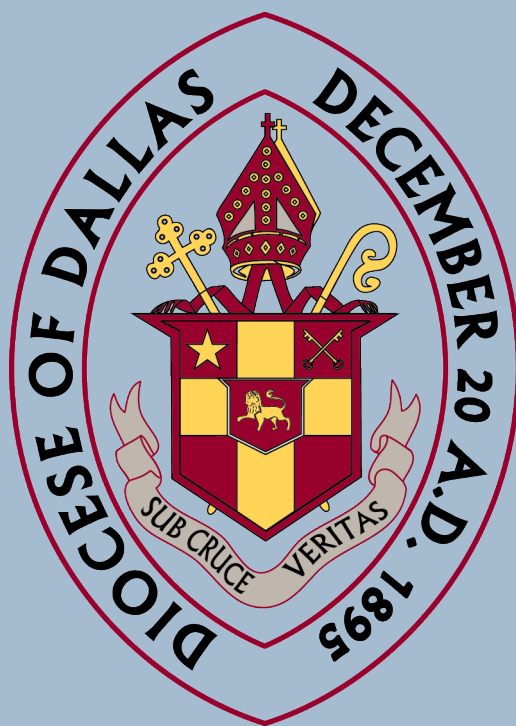


PATHWAY TO HOLY ORDERS



EPISCOPAL DIOCESE OF DALLAS

COMMISSION ON MINISTRY

2023

EPISCOPAL DIOCESE OF DALLAS



Overview of the Discernment Process

The Pathway to Holy Orders

The path to ordination begins and ends with the diocesan bishop. Along the way, however, many others are involved in the work of discernment, including your parish priest, parish members, and a couple of leadership bodies at the diocesan level. This work involves four distinct steps: Aspirancy, Postulancy, Candidacy, and Ordination. This process typically takes three years from Nomination to Ordination.*

Important Notices:

- Before embarking in discernment, familiarize yourself with the relevant portions of the most current Constitution and Canons of The Episcopal Church (III.5-9), as well as the ordinal in the Book of Common Prayer.
- Anyone wishing to pursue ordination in the Episcopal Diocese of Dallas is required to agree with and abide by the historic faith and practice of the Anglican/Episcopal tradition as found in the Book of Common Prayer (1979), especially the orders for The Holy Eucharist (Rite 1, pp 323f), Holy Baptism (pp 299f), The Celebration and Blessing of a Marriage (pp 423f), The Burial of the Dead (pp 469f), and The Catechism (pp 845f). Read these carefully and consider whether or not you can agree to these orders in their entirety in good conscience.
- Please note, you may begin the discernment process before reaching the minimum age for ordination, but you must be 24 years of age before the date of your ordination to the diaconate.

The following portion of this document is a summary of the discernment process from beginning to end. Where “rector” is written, presume that “priest-in-charge” or “vicar” is also applicable.

Use this document as your checklist. Though it contains valuable information, please note that it is not exhaustive, and additional requirements may be added. All forms referenced in this document may be found on the diocesan website, www.edod.org.

* Timing and formation requirements may be slightly different for those who have completed substantial amounts of seminary prior to beginning discernment. For those already ordained in another church who wish to become an Episcopal priest and/or deacon, some of the details below may be different as well, depending on which church you are coming from and the amount of pastoral experience you have. Please see the Canon to the Ordinary for further details on your specific case.

BEGINNING THE JOURNEY: BECOMING AN ASPIRANT FOR HOLY ORDERS

Discernment begins informally with those who know you best: your family and friends, your priest, and other members of your parish. When the time is right, you begin your first steps as follows:

- ☐ Have an intentional conversation with your rector about beginning formal discernment. Date: _____
- ☐ Plan to attend the annual diocesan Discernment Retreat, if you have not already; it is usually held annually in early August. Attending the retreat is not a commitment to discern, but rather an opportunity for you and your spouse (if applicable) to explore the idea of beginning formal discernment. This retreat is required for all who wish to move forward in discernment. Date of Attendance: _____
- ☐ Upon receiving your rector's approval, schedule a meeting with the bishop through his assistant to discuss your interest in beginning formal discernment. This first meeting is one-on-one, just you and the bishop. Be sure to introduce yourself to the Canon to the Ordinary and the Canon Theologian, if you haven't already. Date Scheduled: _____
- ☐ You become an aspirant if/when the bishop approves you to engage in formal discernment. Date: _____
- ☐ Notify **both** the Canon to the Ordinary and your rector of the bishop's decision. Date: : _____
- ☐ Meet with the Canon to the Ordinary to discuss your theological education. Bring your transcripts and educational resume. Date: : _____

At this time you will also be assigned a member of the COM as a liaison to provide support and encouragement along the way. Your liaison can be an effective advocate for you on the COM, so be sure to invest in that relationship as well.

THE PATH TO NOMINATION

Once you've been made an aspirant, discernment officially begins at the parish level, where a committee will work with you to determine whether or not to nominate you to pursue Holy Orders at the diocesan level. Your relationship with your parish is a vitally important part of the work of discernment, and you will need their support in order to continue formal discernment.

- ☐ Your rector convenes a Parish Committee on Vocations (PCOV). Date: _____
- ☐ Write a spiritual autobiography (2-3 pages) for the PCOV before they meet. Date submitted: _____
- ☐ Meet with your PCOV for the necessary period of time, usually around 6 months. Date begun: _____ Date concluded: _____

- ☐ When their interview process is complete, your PCOV submits a report along with their final recommendation to the parish vestry (**FORM A**).
Date: _____
- ☐ If they decide to nominate you, the vestry submits both **FORM A** and their nomination form (**FORM B**) to the Diocese within 30 days. Date: : _____
- ☐ Your rector submits a recommendation to the Diocese (**FORM C**) within 30 days.
Date: _____
- ☐ If nominated by your parish and supported by your rector, you write a letter to the bishop accepting their nomination (**FORM D**) and you become a nominee. Our church's canons require that your letter contains the following information:
 - 1) your full name and date of birth,
 - 2) length of time you've been resident in the diocese,
 - 3) evidence (certificates) of your baptism and confirmation,
 - 4) whether or not you've previously been nominated or applied for postulancy in any other diocese,
 - 5) a description of your discernment process thus far from your point of view, and
 - 6) indication of any and all degrees you've earned and certified areas of specialization, together with official transcripts and/or certifications awarded.Date submitted: _____
- ☐ Send us a digital photo of yourself for your file. Date: : _____
- ☐ Send us videos or links of you preaching, if applicable. Date: : _____
- ☐ Secure a spiritual director, if you have not already. Date: : _____

Once you become a nominee, discernment moves from the parish to the diocesan level, where you discern with and gain the support of the Commission on Ministry (COM). The COM is made up of both clergy and lay members from across our diocese, and their role is 1) to discern for themselves and confirm the vocation sensed by the bishop and affirmed by your vestry, and 2) to observe whether or not you are internalizing all that you are learning and experiencing in discernment and formation. Their role is to make a recommendation to the Standing Committee and bishop that you be approved for the various stages leading up to ordination, and ultimately for ordination itself. While their function is to advise the bishop, your time in discernment with the COM is a vital part of the process and should be engaged accordingly. The first step in progressing towards ordination is, again, being granted postulancy.

THE PATH TO POSTULANCY

The path leading to postulancy is a time of more intense and focused discernment.

- ☐ Complete the Application (**FORM E**). The application is extensive and requires several essays. Please allow considerable time to complete. Date: _____
- ☐ Complete Release of Information to Diocese (**FORM F**). Date: _____

- ☐ Complete Release of Information to Applicant Only (**FORM G**). Date: _____
- ☐ Complete the Financial Statement (**FORM H**). Date: _____
- ☐ Complete the Nominee Agreement (**FORM I**). Date: _____
- ☐ Take the Predictive Index online (**FORM J**). Date: _____
- ☐ The Canon to the Ordinary will send you an official invitation to interview. Your rector and your spouse/fiancé (if applicable) will accompany you in this interview. Date letter received: _____

Scheduled Date for Postulancy Interview with the COM: _____

After your interview, if the COM recommends you for postulancy, you will be directed to complete the canonically required medical and psychological exams (III.8.5(k), III.8.7(a), III.6.5(j)) and a comprehensive background check.

- ☐ Complete the Background Check authorization (**FORM K**). The cost of the background check is about \$300. You are responsible for the expense, though you may ask your parish to consider a contribution. Date: _____
- ☐ Complete Life History Questionnaire for Mental Health Examination (**FORM L**) to be given to the psychologist on record with the diocese. Date: _____
- ☐ Complete Behavior Screening Questionnaire for Mental Health Examination (**FORM M**) to be given to the psychologist on record with the diocese. Date: _____
- ☐ Mental Health Examination (scheduled through Diocese). The cost for this exam is \$600-650. Your parish should pay 1/3, the diocese will pay 1/3, and you are responsible for the remaining 1/3. Date: _____
- ☐ Medical Examination (**FORM N**). To be scheduled with your own doctor. You are responsible for the cost. Date: _____
- ☐ You submit evidence of your Safe Church training. Date: _____

NOTE: The canons of the Episcopal Church require the background check and the mental and medical health examinations to have been completed within thirty-six months (3 years) of your ordination to the priesthood and/or diaconate. Any of these more than three years old at the scheduled date of your ordination will need to be done again.

After the bishop receives and reviews the results of the background check, the medical examination, and the psychological evaluation, he will review the COM's recommendation and make a judgment on whether or not to grant you postulancy. If you are made a postulant, the bishop or the Canon to the Ordinary may invite you to discuss any developmental recommendations the COM may have given. At this point, if not already discussed, you will develop a plan for your theological formation and training with the Canon to the Ordinary.

Postulancy Granted by the Bishop - Date: _____

NOTE: once you become a postulant, your relationship with the bishop becomes closer and more formal. The bishop will need to be made aware of any significant life changes, including things such as the need for a new job, a desire to get married, etc., as these can have a significant impact on discernment and formation.

THE PATH TO CANDIDACY

The path to candidacy is a time focused on your continued theological and spiritual formation. The interview for candidacy is an opportunity to check in with you, the discernor, making sure you are 1) demonstrating the same qualities that were evident at your postulancy interviews, 2) still confident and growing in your sense of vocation, and 3) receiving suitable formation.

- ☐ Complete any supplemental requirements or conditions specified by the Commission on Ministry and the bishop that may have been given.
- ☐ Write the bishop four times a year, during the Ember Days. **DO NOT NEGLECT THESE LETTERS.** They are canonically required and important both for informing the bishop as to your progress and well-being, and as an indicator of your active engagement in the ordination process. Failure to submit letters **ON TIME** will result in disciplinary action, and continued disengagement can result in being removed from the discernment process.
- ☐ Before your interview submit any of the following which will have been completed by the time of the interview:
 - Documents from your completion of one unit of Clinical Pastoral Education (CPE) program. (In some cases, a CPE-equivalent experience may be approved, or a rigorous and challenging missionary experience. The bishop must approve any alternative.)
 - Letter of reference and any other relevant documentation from a Field Education Experience or Parish Internship
- ☐ If your process is on the timeline of a three-year residential seminary, in your second year your parish vestry completes and submits to the diocese their Reaffirmation for Candidacy for Holy Orders (**FORM O**). (NOTE: The length of postulancy could be different, depending on the nature of your approved discernment process and formation. Please consult with the Vocations Administrator regarding the timing of your application for candidacy.) Date: _____
- ☐ Once the diocese receives FORM O, you write a letter to the bishop applying for candidacy. Be sure to include in the letter the date you were admitted as a postulant (**FORM P**). Date: _____
- ☐ Submit at least one recorded sermon. Date: _____
- ☐ Submit a spiritual reflection to include an updated Rule of Life. This essay should be original from others you have written. Include your name and date with the essay's title on the top of the page. Please address in this essay specific formation goals given to you after the Postulancy interview. Date: _____

NOTE: if all necessary materials are not submitted in a timely manner, your interview could very well be postponed to a later date.

Scheduled Date for Interview with the COM: _____

If the COM votes to recommend you for candidacy, the Standing Committee will interview you as well on a different date, usually within a week of the COM interview. Their approval is required before you can be made a candidate. Beyond getting to know you, their canonical responsibility is to ensure that you are being adequately and properly prepared for ordained ministry according to the canons of the Church and according to our bishop's standards and expectations.

Scheduled Date for Interview with the Standing Committee: Date: _____

NOTE: your rector needs to accompany you in these interviews. Your spouse/fiancé will not be asked to attend these interviews.

If the bishop accepts the recommendation of the COM and the certification of the Standing Committee, you will be made a candidate for Holy Orders.

Candidacy Granted by the Bishop: Date: _____

THE PATH TO ORDINATION TO THE DIACONATE

- ☐ Complete any supplemental requirements or conditions specified by the COM and the bishop.
- ☐ Continue to write the bishop four times a year during the Ember Days.
- ☐ Continue your formation, which should be at or nearing completion.
- ☐ Submit your most recent seminary transcript(s) to the diocese.
Date: _____
- ☐ Submit at least one new recorded sermon. Date: _____
- ☐ Submit a spiritual reflection to include an updated Rule of Life. This essay should be original from others you have written. Include your name and date with the essay's title on the top of the page. Please address in this essay specific formation goals given to you after the Postulancy interview. Date: _____
- ☐ Submit any outstanding items related to Field Education/Internship, CPE/Mission experience, etc. Date: _____
- ☐ Complete and pass Diocesan Ordination Exams. Date: _____
- ☐ Your rector or supervisor should submit a written ministry evaluation.
Date: _____
- ☐ Request endorsement for ordination to the diaconate from your sponsoring parish (**FORM Q**). Date: _____
- ☐ Write a letter to the bishop requesting ordination to the diaconate, being sure to include the dates you were admitted to postulancy and candidacy (**FORM R**).
Date: _____
- ☐ The COM may interview you. Date: _____
- ☐ The Standing Committee will interview you. Date: _____

If the bishop concurs with the recommendation and approval of the COM and Standing Committee, he will approve you for ordination to the diaconate and schedule your ordination.

Diaconal ordinations are typically performed at St. Matthew's Cathedral. A member of the Cathedral staff will reach out to you regarding the details of your service. Format and content of any invitations must be approved by the bishop's office before mailing. Refer to the Bishop's Customary under 'Guidelines for Ordinations' for his expectations.

Approved by the Bishop for Ordination to the Diaconate - Date: _____

Ordination to the Diaconate scheduled for Date: _____ Place: _____

THE PATH TO ORDINATION TO THE PRIESTHOOD

If you are on the Path to Priesthood, you may not be ordained to the priesthood until 18 months have elapsed since the official date of your acceptance of your nomination and you must be a deacon for an absolute minimum of six (6) months. Once you are ordained a deacon and are placed in a parish, the parish in which you currently minister as a deacon takes over as your sponsoring parish, as they are in the best position to observe your ministry and continued discernment towards the priesthood.

- ☐ Request endorsement for ordination to the priesthood from the vestry of your sponsoring parish (**FORM S**). Date: _____
- ☐ Write a letter to the bishop requesting ordination to the priesthood, being sure to include the dates you were admitted to postulancy, candidacy, and the date you were made a deacon (**FORM T**). Date: _____
- ☐ Your rector writes a final letter of evaluation and recommendation. Date: _____
- ☐ Submit a final spiritual reflection to include an updated Rule of Life. This essay should be original from others you have written. Include your name and date with the essay's title on the top of the page. Please address in this essay specific formation goals given to you after the Postulancy interview. Date: _____
- ☐ Submit at least one new recorded sermon. Date: _____
- ☐ The COM may interview you. Date: _____
- ☐ The Standing Committee will interview you. Date: _____

If the bishop concurs, he will schedule your ordination to the priesthood in consultation with your rector (if applicable). You and your rector are responsible for planning of your ordination service. As with ordination to the diaconate, format and content of any invitations must be approved by the bishop's office before mailing. Again, refer to the Bishop's Customary under 'Guidelines for Ordinations' for his expectations.

Approved by the Bishop for Ordination to the Priesthood - Date: _____

Ordination to the Diaconate scheduled for Date: _____ Place: _____

REMINDER: The canons of the Episcopal Church require the background check and the mental health evaluation and medical health examination to have been completed within thirty-six months (3 years) of your ordination to the priesthood and/or diaconate or they will need to be done again. This requirement pertains to ordination to the priesthood, even if you were ordained recently to the diaconate.

- ☐ Complete the Background Check authorization (**FORM K**). The cost of the background check is about \$300. You are responsible for the expense, though you may ask your parish to consider a contribution. Date:_____
- ☐ Complete Life History Questionnaire for Mental Health Examination (**FORM L**) to be given to the psychologist on record with the diocese. Date:_____
- ☐ Complete Behavior Screening Questionnaire for Mental Health Examination (**FORM M**) to be given to the psychologist on record with the diocese. Date:_____
- ☐ Mental Health Examination (scheduled through Diocese). The cost for this exam is \$600-650. Your parish should pay 1/3, the diocese will pay 1/3, and you are responsible for the remaining 1/3. Date:_____
- ☐ Medical Examination (**FORM N**). To be scheduled with your own doctor. You are responsible for the cost. Date:_____

PATH
TO
NOMINATION

EPISCOPAL DIOCESE OF DALLAS

FORM A: REPORT OF THE PARISH COMMITTEE ON VOCATIONS (PCOV) TO THE VESTRY

NAME OF ASPIRANT _____

FINAL REPORT DATE _____

STARTING DATE OF PCOV _____ ENDING DATE _____

SPONSORING CONGREGATION _____ CITY _____

CONVENOR'S NAME _____

CONVENER'S CELL _____ OTHER PH. _____

CONVENER'S EMAIL _____

RECTOR/VICAR'S NAME _____

RECTOR/VICAR'S CELL _____ OFFICE PH. _____

RECTOR/VICARS'S EMAIL _____

The evaluation of the Aspirant by the Parish Committee on Vocations is summed up in the questions below. In a separate document, answer these questions thoroughly and add any other thoughts the group may wish to provide.

1. Does this person strike you as one who is grounded and growing in the Christian faith? In what ways has he/she exhibited spiritual depth?
2. What is this person's understanding of Christian ministry? Do you sense a vocation to Holy Orders, or a vocation that can be fulfilled as a member of the laity?
3. What qualities about this person's sense of vocation leads you to believe he/she is called to the priesthood and/or diaconate?
4. Describe this person's capacity for leadership. How has this person displayed his/her leadership in the past, and in the parish and/or Diocese? What are the aspirant's strengths and limitations in your judgment? How has he/she participated within groups or teams?
5. How would you characterize this person's sense of the Christian life and habits of prayer? Share some of his/her habits, rhythms, and routines – are they of a spiritual nature or not?
6. Does this person strike you as emotionally stable and capable of healthy ministry and leadership? Were there any notable concerns or reservations expressed by a member of the group? Does the person exhibit signs of trauma or anxiety? Do you feel that the person is the type who would reduce anxiety in others?
7. What standards/boundaries has this person established to guide ethical behavior, generally? Regarding money and stewardship? Regarding substance abuse or sexual behavior?

We, the undersigned, as members of the Parish Committee on Vocations, recommend to the vestry of
 (Parish Name) _____ that (Name of Aspirant) _____
 be nominated to continue to discern his/her call to Holy Orders in the Diocese of Dallas under the
 Commission on Ministry.

PARISH COMMITTEE ON VOCATIONS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBMITTED BY:

_____	_____	_____
<i>Signature of PCOV Chair</i>	<i>Printed Name of PCOV Chair</i>	<i>Date</i>

APPROVED BY:

_____	_____	_____
<i>Signature of Rector/Vicar</i>	<i>Printed Name of Rector/Vicar</i>	<i>Date</i>

Completed forms should be submitted to:

Episcopal Diocese of Dallas
 ATTN: EDOD Vocations Administrator
 5100 Ross Avenue
 Dallas, Texas 75206
 Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM B: VESTRY NOMINATION OF AN ASPIRANT FOR HOLY ORDERS AND VESTRY FINANCIAL COMMITMENT

*To the Rt. Rev. Dr. George R. Sumner, Bishop
and to the Commission on Ministry of the Diocese of Dallas*

DATE _____

NOMINATION OF AN ASPIRANT FOR HOLY ORDERS

WE, whose names are hereunder written as duly elected members of the Vestry of *(Print Name of Congregation)* _____, testify to our belief that *(Print Name of Aspirant)* _____ has lived a sober, honest, and godly life, and that he/she is a communicant of this congregation in good standing. We do furthermore declare that, in our opinion, he/she possesses such qualifications befitting admission into the discernment process in accordance with the Constitution and Canons of the Episcopal Church and the standards put forth in the Pathway to Holy Orders under the Commission on Ministry of the Diocese of Dallas.

WE declare that our judgment is based upon:

- _____ Personal knowledge of the Aspirant on the part of the Vestry
- _____ Evidence concerning the Aspirant presented to the Vestry
- _____ A combination of personal knowledge of the Aspirant and other evidence

WE commit our congregation to support this person for three or four years of Theological Education in the following ways:

- Payment of one-third (1/3) of the cost of the psychological exam
- Payment of the cost of Diocesan Discernment Retreat (typically \$100.00 to \$150.00)
- Payment of the cost of the Diocesan Ordination Exam (if any)
- We further commit to involve our congregation in the preparation of the Aspirant for Holy Orders.

VESTRY SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Must be signed by a two-thirds majority of the Members of the Vestry)

Signed _____
(Rector/Vicar of the Congregation to which the Aspirant belongs)

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the Vestry of (Print Name of Congregation) _____, duly convened in the City of (City Name) _____ on (Date) _____ and that the signatures shown are those of a two-thirds majority of the members of the Vestry.

Signed _____
(Clerk of the Vestry)

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM C: RECTOR'S RECOMMENDATION OF NOMINEE

OVERVIEW

As the person most familiar with the individual requesting discernment for Holy Orders, the input of the Rector or Vicar is vital. The Commission on Ministry (COM) recognizes that the recommendation we request of you is time consuming, and we very much appreciate your willingness to meet our request for a detailed report, confident that your efforts will yield fruit in the individual's discernment.

Your recommendation is confidential to the COM and the Bishop's office. Consequently, please be direct in your comments and observations. As always, the Canon to the Ordinary is available to answer any questions you might have in the preparation of this recommendation.

Please title your recommendation document using "FORM C" and the Nominee's name.

RECTOR RECOMMENDATION OUTLINE *(please use a separate sheet of paper to answer these questions)*

As an introduction, please tell us how long you've known the nominee, and the nature of your relationship with him/her (parishioner, employee, etc.). In addition to any other comments you would like to add, please comment on the following questions:

1. Does this person affirm the Trinitarian and Christological doctrines of the Nicene Creed, that there is one God in three Persons, Father, Son, and Holy Spirit, and that there is one risen Lord, Jesus Christ, the only Son of the Father, true God and true man? Does this person affirm the teaching of *The Book of Common Prayer* of marriage as "the union of husband and wife" (BCP, 423)?
2. Does this person strike you as one who is grounded and growing in the Christian faith? In what ways has he/she exhibited spiritual depth?
3. What is this person's understanding of Christian ministry? Do you sense a vocation to Holy Orders or a vocation that can be fulfilled as a member of the laity?
4. What qualities about this person's sense of vocation leads you to believe he/she is called to the priesthood or the diaconate?
5. Describe this person's capacity for leadership. How has this person displayed his/her leadership in the past, and in the parish and/or Diocese? What are the aspirant's strengths and limitations in your judgment? Do you feel this person could be a leader who reduces anxiety in others?
6. How would you characterize this person's sense of the Christian life and habits of prayer?
7. Does this person strike you as emotionally stable and capable of healthy ministry and leadership? Do you know of any notable concerns or reservations expressed by a member of your congregation? Does this person exhibit any trauma or anxiety?
8. What standards/boundaries has this person established to guide ethical behavior, generally? Comment on this person's history with substance abuse, sexual indiscretion including use of pornography, other addictions such as gambling, and any other legal matters such as DWI/DUI.

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM D:
LETTER OF ACCEPTANCE OF NOMINATION
FOR DISCERNMENT OF HOLY ORDERS BY ASPIRANT

Date

Your name
Address
Email
Phone number

The Rt. Rev. Dr. George R. Sumner
Bishop of Dallas
Episcopal Diocese of Dallas
5100 Ross Avenue
Dallas, Texas 75206

Dear Bishop Sumner:

In accordance with the Canons of the Episcopal Church [**pick one**: Title III, Canon 6, Section 2 (TEC 2018) for Ordination to the Diaconate **or** Title III, Canon 8, Section 2 (TEC 2018) for Ordination to the Priesthood], I hereby accept my parish's nomination for Holy Orders, and I humbly request that I be considered for postulancy.

I am providing you with the following information as required under the above canon:

- Full Name _____
 - Date of Birth _____
 - I have been a confirmed member in good standing of a congregation in the Diocese of Dallas since _____
 - Baptismal Date _____
 - Confirmation Date _____
- (Certification of my baptism and confirmation is enclosed.)

In your letter, use the phrase that applies:

- I have not previously applied as a postulant in any other diocese.
- I have previously applied as a postulant in another diocese. I am attaching a letter describing those circumstances.

Briefly describe your reasons for seeking Holy Orders, stating whether you seek ordination to the permanent or vocational diaconate or to the priesthood, and describe your process of discernment by which you have been identified for ordination.

Describe the level of education you have attained, your degrees earned, and your areas of specialization, together with copies of official transcripts; and enclose a copy of your resume.

Sincerely yours,

Sign your name

Your name printed

cc: *(fill in the name)*, Canon to the Ordinary
(fill in the name), Chair, Commission on Ministry
(fill in the name), Vocations Administrator
(fill in the name of the rector and name of your sponsoring church)

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

PATH
TO
POSTULANCY

EPISCOPAL DIOCESE OF DALLAS

FORM E: APPLICATION FOR DISCERNMENT OF HOLY ORDERS

DATE OF APPLICATION _____

FULL NAME (INCLUDING MAIDEN) _____

CLERGY ORDER THAT APPLICANT IS SEEKING



PERMANENT DEACON



PRIEST

HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION AS A NOMINEE FOR HOLY ORDERS? _____

IF SO, WHEN/WHERE _____

AND TO WHOM _____

APPLICANT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CELL _____ HOME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

MARITAL STATUS _____ NUMBER OF MARRIAGES _____ EVER DIVORCED? _____ ANNULED? _____

SPOUSE'S NAME _____ SPOUSE'S PHONE _____

NAME(S) AND AGE(S) OF CHILD(REN) _____

CHURCH MEMBERSHIP

SPONSORING CONGREGATION _____ CITY _____

RECTOR/VICAR'S NAME _____

RECTOR/VICAR'S CELL _____ OFFICE _____

RECTOR/VICAR'S EMAIL _____

HOW LONG HAVE YOU BEEN A CONFIRMED MEMBER IN GOOD STANDING AT A CONGREGATION WITHIN THE DIOCESE OF DALLAS? _____ (SEE TEC TITLE I, CANON 17, SEC.3)

BAPTISM *(Please provide documentation, if you haven't already)*

CHURCH NAME _____ CITY _____

DATE _____ DENOMINATION _____

OFFICIANT'S NAME _____ CERTIFICATE PROVIDED _____

CONFIRMATION *(Please provide documentation, if you haven't already)*

CHURCH NAME _____ CITY _____

DATE _____ DENOMINATION _____

OFFICIANT'S NAME _____ CERTIFICATE PROVIDED _____

RECEPTION, if applicable *(Please provide documentation, if you haven't already)*

CHURCH NAME _____ CITY _____

DATE _____ FORMER DENOMINATION _____

OFFICIANT'S NAME _____ CERTIFICATE PROVIDED _____

EDUCATION

	NAME OF SCHOOL	LOCATION	MAJOR AND DEGREE	DATES YOU ATTENDED
HIGH SCHOOL				
COLLEGE*				
BUSINESS OR TRADE SCHOOL*				
SEMINARY AND/OR POST-GRADUATE WORK*				

* Please request official transcripts to be sent to the Diocese of Dallas, address below.

WORK EXPERIENCE *(List the last two paid positions you have held, or the two most relevant to ministry)*

EMPLOYER _____

ADDRESS _____

SUPERVISOR'S NAME _____

PHONE _____

EMAIL ADDRESS _____

DATES EMPLOYED _____

CONTINUED FROM PAGE 2

DESCRIBE THE JOB YOU HELD AND DUTIES PERFORMED _____

EMPLOYER _____

ADDRESS _____

SUPERVISOR'S NAME _____

PHONE _____

EMAIL ADDRESS _____

DATES EMPLOYED _____

DESCRIBE THE JOB YOU HELD AND DUTIES PERFORMED _____

REFERENCES *(Please provide three references -- not your Rector or Vicar -- who can speak to your character)*

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____

SHORT ESSAYS

Please provide typed responses for each of the subjects below. Each essay should be no more than five pages, single spaced, and 12-point font. Label each essay with your name, the date, and with the essay's title and full description as noted below.

- I. **Autobiography**
 Your autobiography should cover the most important aspects of your spiritual, emotional, and professional development. While this essay gives you great latitude, it should include the following elements:
 - A. the facts of your life that inform your calling to ordained ministry,
 - B. the circumstances around you becoming a Christian,
 - C. times of growth and change including, if applicable, details of any counseling you have undertaken,
 - D. experiences you have had participating in religions other than Christianity including the occult,
 - E. a discussion of your personal strengths and limitations.
- II. **Spousal Autobiography**
 If you are married, your spouse will write an autobiography, using the description above.
- III. **Marriage *one essay from you and one essay from your spouse (if applicable)***
 If you are single, write on your understanding of the sacrament of marriage, reflecting as well on your own hopes for marriage, whether to marry or remain celibate. If you are married, you and your spouse write separate essays on your understanding of marriage and how that understanding is reflected in your current relationship. Both statements should include a frank evaluation of the anticipated impact of ordained ministry on your relationship. If you are divorced, include information on the circumstances of your marriage, divorce, ecclesiastical judgment, and remarriage (if any). You should also include a statement on what you have learned from the experience of your divorce.
- IV. **Livelihood and Occupational History**
 Describe your current job or other working situation, including a description of your economic base. You need not give income figures, but do mention how you support yourself and your family. List in reverse chronological order all the jobs you have held since college or in the last ten years (whichever is less),
 - A. your duties on these jobs with particular attention to leadership roles,
 - B. and your reasons for taking and leaving them.
 Please note that a resume does not adequately fulfill this requirement.
- V. **Parish Ministry**
 Describe your current involvement in ministry at your parish. Describe other ministries in which you have been involved, both within a parish setting and otherwise, over the last ten years or since graduation from high school, whichever is less. With each description, note
 - A. particular leadership roles you've had,
 - B. key lessons learned in ministry,
 - C. and what you took away from times of conflict.
- VI. **Vocational Identity**
 Summarize your understanding of the diaconate and priesthood, noting the differences between them, and your own reasons for feeling called to the particular order sought.
- VII. **Prospects for Theological Education**
 The Commission on Ministry has found that many nominees for Holy Orders have made some tentative plans for theological education or have already begun or even completed the same before applying for the ordination process. Applicants should understand that the Bishop's approval of your educational course is required if you do become a Postulant. If you have already completed a seminary program, do note that you will be asked to complete additional formation in the Anglican tradition if you haven't already. Applicants who have not done any other graduate study should understand that seminary is indeed graduate-level work. In the light of these facts please describe any theological education you may have had, your thoughts about it if you have not had any yet, and your assessment of your own capacity for serious, graduate study. Also, importantly, describe the way you plan to pay for this education.

SHORT RESPONSES Please provide typed responses for each of the subjects below. Each essay should be no more than three paragraphs, single spaced, and 12-point font. Label each essay with your name, the date, and with the question's title and full description as noted below.

- I. What does it mean to find salvation in Jesus Christ?
- II. What does it mean to be under authority?
- III. What is the Gospel?
- IV. How do you share your faith?
- V. What are your spiritual practices:
 - A. Describe your Rule of Life? (see chart, attached)
 - B. Do you have a Spiritual Director?
 - C. Have you practiced the sacrament of reconciliation?
 - D. Do you incorporate other practices into your life such as contemplative prayer or fasting?
- VI. Define stewardship and describe how you meet this definition.

SUBMITTED BY:

Signature of Applicant

Printed Name of Applicant

Date

APPROVED BY:

Signature of Rector/Vicar

Printed Name of Rector/Vicar

Date

Completed forms should be submitted to:

Episcopal Diocese of Dallas
 ATTN: EDOD Vocations Administrator
 5100 Ross Avenue
 Dallas, Texas 75206
 Phone: 214-826-8310

Name: _____
 Date: _____

Rule of Life Worksheet

Daily:

	6:00 am – 9:00 am	11:00 am – 1:00 pm	4:00 pm – 6:00 pm	9:00 pm – 11:00 pm	other
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Weekly:

Monthly:

Annually:

EPISCOPAL DIOCESE OF DALLAS

FORM F: FOR RELEASE OF INFORMATION TO THE DIOCESE

AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS AND INDEMNITY AND HOLD HARMLESS AGREEMENT (referred to herein as "Authorization and Release")

NAME OF APPLICANT _____

DATE _____

SOCIAL SECURITY NUMBER _____

PERMANENT ADDRESS OF APPLICANT _____

CITY _____ STATE _____ ZIP _____

CURRENT ADDRESS OF APPLICANT, IF DIFFERENT _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S CELL _____ OTHER _____

APPLICANT'S EMAIL _____

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as my "application") in The Episcopal Church through a process conducted by the Diocese of Dallas. I understand that as a part of the Diocese's decision-making process about my application I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or persons selected or approved by the Diocese.
2. I understand that the Assessment is only one part of the Diocese's decision-making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.
3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not be limited to, information about my family, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment. I agree that all the information I provide for the Assessment will be true, correct, and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions

Initialed by Applicant

of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.

4. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions.
5. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese. I authorize the Bishop or Ecclesiastical Authority to disclose to and discuss the written Assessment report with those involved in the application process. I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with the Bishop or Ecclesiastical Authority and those involved in the application process.
6. I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong to me and I do not have the right to see them, have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Bishop or Ecclesiastical Authority or Diocese or from any of the personnel involved in the Assessment or from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.
7. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.
8. I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.
9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised format to preclude identification of my individual identify.
10. As consideration for having my application considered by the Diocese, I hereby waive, release and discharge the Diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the Assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives ("the Released Parties") from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract, or otherwise, in law or in equity, arising out of my participation in the Assessment, use or disclosure of

Initialed by Applicant

information regarding the Assessment, or arising in any other way as a result of the Assessment. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.

11. I also agree not to sue or make a claim against the Released Parties for injury, damage, or loss of any kind sustained as a result of my participation in Assessment, the use or disclosure of information regarding the Assessment, or relating in any way to the Assessment. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.
12. I agree that if any portion of this Authorization and Release is found by a court to be unenforceable for any reason, the remainder of this Authorization and Release shall remain valid and in full force and effect.
13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release, I have not relied upon any statements or explanations made by any of the Released Parties or by any attorney of any of the Released Parties. I have initialed each page of this Authorization and Release indicating that I have read and understand each paragraph.

SUBMITTED BY:

Signature of Applicant

Printed Name of Applicant

Date

WITNESSED BY:

Signature of Witness

Printed Name of Witness

Date

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

Initialed by Applicant

EPISCOPAL DIOCESE OF DALLAS

FORM G: FOR RELEASE OF INFORMATION TO APPLICANT ONLY AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS AND INDEMNITY AND HOLD HARMLESS AGREEMENT (referred to herein as "Authorization and Release")

NAME OF APPLICANT_____

DATE_____

SOCIAL SECURITY NUMBER_____

PERMANENT ADDRESS OF APPLICANT_____

CITY_____STATE_____ZIP_____

CURRENT ADDRESS OF APPLICANT, IF DIFFERENT_____

CITY_____STATE_____ZIP_____

APPLICANT'S CELL_____OTHER_____

APPLICANT'S EMAIL_____

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as my "application") in The Episcopal Church through a process conducted by the Diocese of Dallas. I understand that as a part of the Diocese's decision making process about my application I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or persons selected or approved by the Diocese.
2. I understand that the Assessment is only one part of the Diocese's decision-making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.
3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not be limited to, information about my family, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment. I agree that all the information I provide for the Assessment will be true, correct, and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.

Initialed by Applicant

4. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions. If deemed necessary by a mental health professional, I agree to document my authorization in a form that satisfies the requirements of applicable law.
5. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to me. I understand that I may choose whether or not to provide a copy of the written Assessment report to the Diocese. If I provide a copy to the Diocese, I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with a person or persons designated by the Diocese, and I agree to execute the written authorization form attached hereto as Appendix A (or a similar written authorization form approved by the mental health professional(s)) to approve this discussion. I agree that I will not disclose the written Assessment report to anyone other than the Diocese.
6. Except for my right to receive a copy of the written Assessment report as specifically provided in paragraph 5 above, I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong to me and, except to the extent that my rights with respect to records held by the mental health professional(s) are preserved by applicable law, I do not have the right to see any records or documents related to the Assessment, to have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Diocese or from any of the personnel involved in the Assessment or, except to the extent that my rights with respect to records held by the mental health professional(s) are preserved by applicable law, from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.
7. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.
8. I understand and agree that if I choose to provide a copy of the written Assessment report to the Diocese pursuant to paragraph 5 above, the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.
9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised and deidentified format to preclude identification of my individual identity.
10. As consideration for having my application considered by the Diocese, I hereby waive, release and discharge the Diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the Assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives ("the Released Parties") from liability of all

Initialed by Applicant

kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion or breach of privacy, breach of contract, or otherwise, in law or in equity, arising out of my participation in the Assessment, use or disclosure of information regarding the Assessment, or arising in any other way as a result of the Assessment. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.

11. I also agree not to sue or make a claim against the Released Parties for injury, damage, or loss of any kind sustained as a result of my participation in Assessment, the use or disclosure of information regarding the Assessment, or relating in any way to the Assessment. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.
12. I agree that if any portion of this Authorization and Release is found by a court to be unenforceable for any reason, the remainder of this Authorization and Release shall remain valid and in full force and effect.
13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release, I have not relied upon any statements or explanations made by any of the Released Parties or by any attorney of any of the Released Parties. I have initialed each page of this Authorization and Release indicating that I have read and understand each paragraph.

SUBMITTED BY:

_____ <i>Signature of Applicant</i>	_____ <i>Printed Name of Applicant</i>	_____ <i>Date</i>
--	---	----------------------

WITNESSED BY:

_____ <i>Signature of Witness</i>	_____ <i>Printed Name of Witness</i>	_____ <i>Date</i>
--------------------------------------	---	----------------------

Completed forms should be submitted to:

Episcopal Diocese of Dallas
 ATTN: EDOD Vocations Administrator
 5100 Ross Avenue
 Dallas, Texas 75206
 Phone: 214-826-8310

 Initialed by Applicant

EPISCOPAL DIOCESE OF DALLAS

FORM H: FINANCIAL STATEMENT

DATE OF APPLICATION _____

FULL NAME (INCLUDING MAIDEN) _____

APPLICANT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ CELL _____ HOME _____

DEPENDENTS (Please list by name and give ages of children):

SPONSORING CONGREGATION _____ CITY _____

RECTOR/VICAR'S NAME _____

In answering these questions, please state specific sources and amounts. It is important to be realistic about the costs of your possible seminary education. The cost will be your responsibility. Diocesan aid is quite limited. Most seminaries do have scholarship funds; however, you should consult with your seminary regarding availability and alternative sources of aid.

How will you pay for three (3) years of seminary?

Anticipated Annual Expenses

School _____
(tuition, books supplies, fees, etc.)

Living _____
(housing, food, insurance, transportation, etc.)

Other (specify) _____

Other (specify) _____

Other (specify) _____

Other (specify) _____

Other (specify) _____

ANNUAL TOTAL: _____

TOTAL for THREE YEARS: _____

Anticipated Annual Income

Earnings _____

Personal Savings & Investments _____

Spouse's Employment _____

Parents/Relatives _____

Scholarships _____

Sponsoring Congregation _____

Other (specify) _____

ANNUAL TOTAL: _____

TOTAL for THREE YEARS: _____

Initialed by Applicant

Summary of Family Assets	Amount		Summary of Family Liabilities	Amount
Annuity	\$		Mortgage	\$
Investments (Savings, Bonds, CD, Mutual Funds, Stocks, Trusts)	\$		Home Equity Loan	\$
Business Property	\$		Other mortgage	\$
Cash	\$		Vehicle loans	\$
Life Insurance	\$		Credit card debt	\$
Personal Residence	\$		Student/education loans	\$
Recreational equipment	\$		Other (list)	\$
Retirement Accounts	\$			\$
Vehicles	\$			\$
Other (list)	\$			\$
	\$			\$
	\$			\$
Total	\$		Total	\$

Summary of Monthly Income	Amount		Summary of Monthly Expenses	Amount
Salary/wages (net after taxes, insurance, retirement)	\$		Paid alimony/child support	\$
Alimony/child support	\$		Living (Mandatory—food, medical other than ins premiums, clothing--discretionary spending, life insurance)	\$
Other (list)	\$		Mortgage/s or Rent	\$
	\$		Transportation (auto loan, insurance, maintenance, gas, etc.)	\$
	\$		Credit card payments	\$
	\$		Student loans	\$
	\$		Other (list)	\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
Total	\$		Total	\$

Signature of Applicant

Printed Name of Applicant

Date

Completed forms should be submitted to:

Episcopal Diocese of Dallas
 ATTN: EDOD Vocations Administrator
 5100 Ross Avenue
 Dallas, Texas 75206
 Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM I: NOMINEE AGREEMENT

DEFINITION OF TERMS

I. *Ordination process*: the whole series of steps provided by the Constitution and Canons of the Episcopal Church as defined and applied by the Diocese of Dallas which, all requirements being satisfied, may lead to the ordination of an individual to the Sacred Orders of Priest and/or Deacon. In summary, these steps may be grouped under four headings:

- a. *Aspirancy* is the period between being given permission by the bishop to discern, up until acceptance of nomination by one's home parish. During this time the discernor is called an Aspirant.
- b. *Nomination* covers the period of time beginning with a letter from the individual to the Bishop accepting his/her nomination by the congregation, continuing up until the time that the individual is admitted to Postulancy by the Bishop. During this stage the discernor is called a Nominee.
- c. *Postulancy* covers the period from admission to Postulancy up until the time the individual is admitted to Candidacy by the Bishop, upon the favorable recommendation of the Commission on Ministry and approval of the Standing Committee. One is called a Postulant.
- d. *Candidacy* covers the period from admission to Candidacy to Ordination by the Bishop upon the favorable recommendation of the Commission on Ministry and approval of the Standing Committee. One is called a Candidate.

II. *Ordination*: The sacramental conferral of authority on an individual by the bishop, under the Book of Common Prayer, to carry out the ministry of the Church consistent with this Church's understanding of the specific Order to which he or she is ordained.

III. *Cure*: The ecclesiastical position to which an ordained person is called, and for which the ordained person is authorized by the Bishop to carry out the ministry belonging to his or her Order.

FAITH AND DISCIPLINE

Anyone wishing to pursue ordination in the Episcopal Diocese of Dallas must agree with and abide by the historic faith and practice of the Anglican/Episcopal tradition as found in the Book of Common Prayer (1979), especially the orders for The Holy Eucharist (Rite 1, pp 323f), Holy Baptism (pp 299f), The Celebration and Blessing of a Marriage (pp 423f), The Burial of the Dead (pp 469f), and The Catechism (pp 845f).

Diocesan Canon 23 Section 3 states: "All members of the clergy of this Diocese, having subscribed to the Declaration required by Article VIII of the Constitution of the Episcopal Church, and all persons seeking Holy Orders in this Diocese, shall be under obligation to model in their own lives, as wholesome examples, the received teaching of the Church that all of its members are to abstain from sexual relations outside of marriage."

Initialed by Applicant

AGREEMENT

I, the undersigned, do hereby acknowledge the foregoing definitions and agree to the following:

1. That I understand that permission to enter the ordination process in the Diocese of Dallas does not carry with it any assurance that I will in fact be ordained, or that I have any claim to be appointed to a cure.
2. That, as a condition of being admitted to the ordination process, should I be ordained by the Bishop of Dallas, I agree to serve in any position to which the Bishop of Dallas appoints and/or authorizes me to serve; and that in any case, I shall be bound to serve within the Diocese of Dallas for a period of at least two years unless given a waiver of this pledge by the Bishop of Dallas.
3. That I acknowledge and understand that, in the event I become a Candidate for Holy Orders, I will not in fact be ordained without a cure. Further,
4. I have read, understood, and acceded to the policy of the Diocese of Dallas with respect to sexual misconduct.
5. I pledge that, if married, I will live within the bonds of marriage, and if unmarried I will live chastely as a single person.
6. I understand that failure to live by these standards will result in my removal from the ordination process.

SUBMITTED BY:

Signature of Nominee

Printed Name of Applicant

Date

WITNESSED BY:

Signature of Witness

Printed Name of Witness

Date

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM J: PREDICTIVE INDEX

OVERVIEW

The Predictive Index evaluation is an online assessment tool required of Nominees in the discernment process. It seeks to identify behavioral habits of a person.

HOW TO TAKE THE TEST

Contact the administrator of the discernment process in the Diocesan Office who will email you a link to take the Predictive Index test. The test should take less than twenty minutes to complete.

THE RESULTS

The results of the assessment will be sent to the Canon for evaluation and shared with the Chair of the Commission on Ministry. The raw results are kept in the discernment file and labeled as "FORM J".

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM K: BACKGROUND CHECK

OVERVIEW

The Background Check is conducted by Oxford Documents company. You will receive a packet in the mail from their representative, and you should complete the information and return it as instructed.

THE RESULTS

The results of the check will be sent to the Canon for Vocations for evaluation and shared with the Bishop. The results are kept in the discernment file and labeled as "CONFIDENTIAL".

PAYMENT

The cost of approximately \$300.00 to \$325.00 is borne by the discerner. It is your responsibility to ask your parish for financial assistance, if you so wish. You will be invoiced by the diocese after the bill from Oxford is received.

ACKNOWLEDGEMENT

I understand the requirements of the background check and agree to participate by fully disclosing the information that will be requested of me and to reimburse the diocese for the full cost.

NAME _____

SIGNATURE _____

DATE _____

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

FORM L

LIFE HISTORY QUESTIONNAIRE*

Applicants for Holy Orders receive this questionnaire for self-examination and preparation for the mental health evaluation required by the Canons of the Episcopal Church. This completed, confidential document is conveyed by the applicant directly to the mental health professional(s) conducting the clinical examination in whose custody it exclusively remains.

The examiner's conclusions following clinical examination are based upon a wide variety of test and interview responses. No individual question in this document determines the outcome of the clinical interview. Rather, the LHQ serves as a comprehensive foundation for the structured clinical interview. The examiner's final impressions, based in part upon this document and the clinical interview, form the basis of the Required Mental Health Evaluation Report Summary.

* Like other parts of the discernment process, this evaluation addresses the impact of previous and current life issues upon one's readiness for ordained ministry. This document, combined with the clinical interview, provides the applicant with an opportunity to discuss personal life and vocational goals in context with one's life history. This document, once completed, remains a part of the clinician's file and is not delivered to the diocese.

DIRECTIONS: This questionnaire contains a series of items regarding your background, experiences, and beliefs. Please read each question carefully. For each question, type a response. For some items, you will be asked to type your answer in the space following each question. Other confidential questions will require you to check a response option for your answer.

DO NOT skip items. If a question does not apply to you, type "*Does Not Apply*" or "N/A."

If you opt to handwrite this questionnaire, please use an **INK PEN**.

If you need additional space for an answer, please use the blank pages at the end of this questionnaire.

IDENTIFYING INFORMATION

Name (Last, First, MI):

Today's Date:

Current Address:

Birthdate:

City, State, Zip:

Age:

Telephone Number(s):

SSN:

Sponsoring Diocese:

Social/Marital Status

- 3

7. Are you currently under the care of a physician for any medical condition(s)? ☐ Yes ☐ No
If "YES," please describe the condition(s) briefly:

8. Generally speaking, how is your mental health **RIGHT NOW**? Mark your response using the list below:
☐ Failing ☐ Average ☐ Excellent
☐ Very Poor ☐ Above Average
☐ Poor ☐ Good
☐ Below Average ☐ Very good

9. Describe any present day life circumstances causing you distress including stressful life events and/or stressful roles.

10. Are you currently under the care of a mental health provider for any reason? ☐ Yes ☐ No
If "YES," please describe briefly:

11. Review the following list of problems. Mark any problems that may pertain to you in the present, past, or both.

Past	Present		Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Shyness	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness
<input type="checkbox"/>	<input type="checkbox"/>	Finances	<input type="checkbox"/>	<input type="checkbox"/>	Separation
<input type="checkbox"/>	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Drug Use
<input type="checkbox"/>	<input type="checkbox"/>	Friends	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use
<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Anger	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Unhappiness	<input type="checkbox"/>	<input type="checkbox"/>	Making Decisions
<input type="checkbox"/>	<input type="checkbox"/>	Self-control	<input type="checkbox"/>	<input type="checkbox"/>	Inhibited Sexual Desires
<input type="checkbox"/>	<input type="checkbox"/>	Ambition	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Inferiority Feelings	<input type="checkbox"/>	<input type="checkbox"/>	Concentration
<input type="checkbox"/>	<input type="checkbox"/>	Bowel Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Stress
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Temper
<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	Career Choices
<input type="checkbox"/>	<input type="checkbox"/>	Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	Relaxation
<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Health Problems
<input type="checkbox"/>	<input type="checkbox"/>	Contraception	<input type="checkbox"/>	<input type="checkbox"/>	Marriage
<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	School
<input type="checkbox"/>	<input type="checkbox"/>	Parenting	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Trouble
<input type="checkbox"/>	<input type="checkbox"/>	Children	<input type="checkbox"/>	<input type="checkbox"/>	Sadness
<input type="checkbox"/>	<input type="checkbox"/>	Work	<input type="checkbox"/>	<input type="checkbox"/>	Legal Matters
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	My Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Guilt Feelings	<input type="checkbox"/>	<input type="checkbox"/>	Energy (Increased or Decreased)
<input type="checkbox"/>	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	<input type="checkbox"/>	Appetite (Increased or Decreased)
<input type="checkbox"/>	<input type="checkbox"/>	Crying Episodes	<input type="checkbox"/>	<input type="checkbox"/>	Intrusive or Unwanted Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Impotence	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting
<input type="checkbox"/>	<input type="checkbox"/>	Muscle Aches	<input type="checkbox"/>	<input type="checkbox"/>	Decreased/Increased Sexual Interest
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other

Add comments regarding any problems you may have marked above:

12.	What is your personal annual income from all sources? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000 -- \$24,999 <input type="checkbox"/> \$25,000 -- \$39,999 <input type="checkbox"/> \$40,000 -- \$49,999 <input type="checkbox"/> \$50,000 -- \$59,999 </div> <div style="width: 45%;"> <input type="checkbox"/> \$60,000 -- \$74,999 <input type="checkbox"/> \$75,000 -- \$99,999 <input type="checkbox"/> \$100,000 -- \$150,000 <input type="checkbox"/> Over \$150,000 per year </div> </div>
13.	What is your current occupational status? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed </div> <p>If "Employed," please complete the following:</p> <p>Current Employer: _____</p> <p>Position Title: _____</p> <p>Date Hired: _____</p>
14.	To whom are you responsible in your current position: <p>Supervisor's Name: _____</p> <p>Title: _____</p>
15.	Have you encountered any problems in this or prior professional relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," please describe:
16.	How have you asked for help within your present job?
17.	What kinds of people give you the most difficulty in your current position?
18.	Describe the type of work you enjoy the most.
19.	Describe the type of work you enjoy the least.

Family/Social/Developmental History

Father:

20. Father's Name: _____
Date of Birth: _____ Age: _____ (If deceased, complete Item 21, otherwise go to Item 22.)
Ethnic Background: _____
Nature of Employment/Profession: _____
21. If your father is not alive, please answer the following questions:
- a. Year of his death: _____ c. Your age at his death: _____
- b. His age at death: _____ d. Cause of death: _____

22. I consider the following to have been true of my father while I was a child. (Mark all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Home very little, absent | <input type="checkbox"/> Home almost always, present |
| <input type="checkbox"/> Powerless, victim, target, helpless | <input type="checkbox"/> Powerful, capable, independent |
| <input type="checkbox"/> Sad, blue, pessimistic | <input type="checkbox"/> Optimistic, cheerful, hopeful |
| <input type="checkbox"/> Poorly read, uninformed | <input type="checkbox"/> Well-read, informed |
| <input type="checkbox"/> Uneducated | <input type="checkbox"/> Well-educated |
| <input type="checkbox"/> Thoughtless, shallow, superficial | <input type="checkbox"/> Thorough, substantial, thoughtful |
| <input type="checkbox"/> Inconsistent, easily upset, unstable | <input type="checkbox"/> Stable, calm, consistent |
| <input type="checkbox"/> Chaotic, unstable, unreliable | <input type="checkbox"/> Reliable, stable, orderly |
| <input type="checkbox"/> Closed, controlling | <input type="checkbox"/> Trusting, open |
| <input type="checkbox"/> Overly critical | <input type="checkbox"/> Esteem building or enhancing |
| <input type="checkbox"/> Rigid rules, restrictive | <input type="checkbox"/> Permissive, flexible rules |
| <input type="checkbox"/> Spanked, beat, hit, slapped, whipped | <input type="checkbox"/> Rarely disciplined physically |
| <input type="checkbox"/> Criticism, guilt, loss of love, shame | <input type="checkbox"/> Rarely disciplined emotionally |
| <input type="checkbox"/> Cold, distant, unavailable | <input type="checkbox"/> Available, warm, close |
| <input type="checkbox"/> Intrusive, disrespectful | <input type="checkbox"/> Respectful, considerate |
| <input type="checkbox"/> Critical, conditional | <input type="checkbox"/> Supportive, accepting |
| <input type="checkbox"/> Dishonest | <input type="checkbox"/> Especially honest |
| <input type="checkbox"/> Difficult for me to confide in | <input type="checkbox"/> Easy for me to confide in |
| <input type="checkbox"/> Difficult for me to respect | <input type="checkbox"/> Easy for me to respect |
| <input type="checkbox"/> Tense, worried, unsure | <input type="checkbox"/> Sure, secure, confident |
| <input type="checkbox"/> Passive, meek, timid | <input type="checkbox"/> Assertive, bold |
| <input type="checkbox"/> Self-centered, self-indulgent | <input type="checkbox"/> Generous, empathic |
| <input type="checkbox"/> In ill health or injured | <input type="checkbox"/> Always in good health |
| <input type="checkbox"/> Mis-used alcohol | <input type="checkbox"/> Drank none or very little |
| <input type="checkbox"/> Mis-used street drugs | <input type="checkbox"/> Used none or very little street drugs |
| <input type="checkbox"/> Mis-used medications | <input type="checkbox"/> Used medications only as prescribed |
- ☐ Legal problems: _____
- ☐ Employment problems: _____
- ☐ Financial problems: _____
- ☐ Fidelity problems: _____
- ☐ Sexual problems: _____
- ☐ Marital problems: _____
- ☐ Other problems: _____

23. What kind of person was your father?

24. Describe your relationship with your father:

25. Describe your earliest memory of your father:

26. Please describe any substitute paternal influences throughout childhood/adolescence (e.g., stepfather, adopted father, "surrogate" father).

Mother:

27. Mother's Name: _____

Date of Birth: _____

Age: _____

(If deceased, complete Item 28, otherwise go to Item 29.)

Ethnic Background: _____

Nature of Employment/Profession: _____

28. If your mother is not alive, please answer the following questions:

a. Year of her death: _____ c. Your age at her death: _____

b. Her age at death: _____ d. Cause of death: _____

29. I consider the following to have been true of my mother while I was a child. (Mark all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Home very little, absent | <input type="checkbox"/> Home almost always, present |
| <input type="checkbox"/> Powerless, victim, target, helpless | <input type="checkbox"/> Powerful, capable, independent |
| <input type="checkbox"/> Sad, blue, pessimistic | <input type="checkbox"/> Optimistic, cheerful, hopeful |
| <input type="checkbox"/> Poorly read, uninformed | <input type="checkbox"/> Well-read, informed |
| <input type="checkbox"/> Uneducated | <input type="checkbox"/> Well-educated |
| <input type="checkbox"/> Thoughtless, shallow, superficial | <input type="checkbox"/> Thorough, substantial, thoughtful |
| <input type="checkbox"/> Inconsistent, easily upset, unstable | <input type="checkbox"/> Stable, calm, consistent |
| <input type="checkbox"/> Chaotic, unstable, unreliable | <input type="checkbox"/> Reliable, stable, orderly |
| <input type="checkbox"/> Closed, controlling | <input type="checkbox"/> Trusting, open |
| <input type="checkbox"/> Overly critical | <input type="checkbox"/> Esteem building or enhancing |
| <input type="checkbox"/> Rigid rules, restrictive | <input type="checkbox"/> Permissive, flexible rules |
| <input type="checkbox"/> Spanked, beat, hit, slapped, whipped | <input type="checkbox"/> Rarely disciplined physically |
| <input type="checkbox"/> Criticism, guilt, loss of love, shame | <input type="checkbox"/> Rarely disciplined emotionally |
| <input type="checkbox"/> Cold, distant, unavailable | <input type="checkbox"/> Available, warm, close |
| <input type="checkbox"/> Intrusive, disrespectful | <input type="checkbox"/> Respectful, considerate |
| <input type="checkbox"/> Critical, conditional | <input type="checkbox"/> Supportive, accepting |
| <input type="checkbox"/> Dishonest | <input type="checkbox"/> Especially honest |
| <input type="checkbox"/> Difficult for me to confide in | <input type="checkbox"/> Easy for me to confide in |
| <input type="checkbox"/> Difficult for me to respect | <input type="checkbox"/> Easy for me to respect |
| <input type="checkbox"/> Tense, worried, unsure | <input type="checkbox"/> Sure, secure, confident |
| <input type="checkbox"/> Passive, meek, timid | <input type="checkbox"/> Assertive, bold |
| <input type="checkbox"/> Self-centered, self-indulgent | <input type="checkbox"/> Generous, empathic |
| <input type="checkbox"/> In ill health or injured | <input type="checkbox"/> Always in good health |
| <input type="checkbox"/> Mis-used alcohol | <input type="checkbox"/> Drank none or very little |
| <input type="checkbox"/> Mis-used street drugs | <input type="checkbox"/> Used none or very little street drugs |
| <input type="checkbox"/> Mis-used medications | <input type="checkbox"/> Used medications only as prescribed |
| <input type="checkbox"/> Legal problems: _____ | |
| <input type="checkbox"/> Employment problems: _____ | |
| <input type="checkbox"/> Financial problems: _____ | |
| <input type="checkbox"/> Fidelity problems: _____ | |
| <input type="checkbox"/> Sexual problems: _____ | |
| <input type="checkbox"/> Marital problems: _____ | |
| <input type="checkbox"/> Other problems: _____ | |

30. What kind of person was your mother?

31. Describe your relationship with your mother:

32.	Describe your earliest memory of your mother:
33.	Please describe any substitute maternal influences throughout childhood/adolescence (e.g., stepmother, adopted mother, "surrogate" mother).
Marital Status of your Parents:	
34.	Are your parents married, separated, divorced, or widowed? If they are separated or divorced, please describe the circumstances, including when they were divorced or how long any separation(s) have been.
35.	Describe the <i>current</i> nature of your parents' relationship to each other.
36.	Describe your parents' relationship to each other <i>while you were growing up</i> .
37.	Were you raised by your parents? If not, by whom were you raised?
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Siblings

38. List all siblings from eldest to youngest (including any who may have died).

Sibling Name	Age/ Deceased	Current Location of Residence	Marital Status	Employment Status
a.				
b.				
c.				
d.				
e.				
f.				
g.				

39. Briefly describe each sibling and your relationship with him/her:

a.
b.
c.
d.
e.
f.
g.

Answer the following questions based on your knowledge of your childhood:

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 40. | Was your mother's pregnancy and/or delivery of you difficult? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. | Did you have any unusual childhood illnesses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 42. | Were you ever hospitalized as a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. | Did you have any serious or recurrent accidents as a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. | Any history of childhood or adult seizure disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. | Any delays in learning how to walk, talk, or be toilet trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46. | Did you ever have problems with bedwetting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47. | Any problems with your speech or language development? Stuttering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48. | Any serious difficulties with concentration or with sitting still? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49. | Were you involved in fighting as a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50. | Were you involved in truancy (skipping school)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 51. | Did you experience the death of a sibling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.

52. Briefly describe your childhood, including what it was like growing up in your family, going to school, and other important events and activities.
53. What was the best part about your childhood?
54. What was the worst part about your childhood?
55. What ways were you disciplined by your **father** as a child? (Mark all that apply).
- ☐ Severe physical punishment, including beatings, hitting, etc.
 - ☐ Mild physical punishment, such as spanking.
 - ☐ Severe verbal punishment, such as yelling and screaming.
 - ☐ Mild verbal punishment.
 - ☐ Emotional withdrawal or isolation (for example, your father would emotionally withdraw from you, not talk to you, avoid you, etc.).
 - ☐ Public or private humiliation.
 - ☐ Gentle, but firm discipline (describe): _____
 - ☐ Little or no discipline was provided by my father.
 - ☐ Other (describe): _____

56.	<p>What ways were you disciplined by your <u>mother</u> as a child? (Mark all that apply.)</p> <p><input type="checkbox"/> Severe physical punishment, including beatings, hitting, etc.</p> <p><input type="checkbox"/> Mild physical punishment, such as spanking.</p> <p><input type="checkbox"/> Severe verbal punishment, such as yelling and screaming.</p> <p><input type="checkbox"/> Mild verbal punishment.</p> <p><input type="checkbox"/> Emotional withdrawal or isolation (for example, your mother would emotionally withdraw from you, not talk to you, avoid you, etc.).</p> <p><input type="checkbox"/> Public or private humiliation.</p> <p><input type="checkbox"/> Gentle, but firm discipline (describe): _____</p> <p><input type="checkbox"/> Little or no discipline was provided by my mother.</p> <p><input type="checkbox"/> Other (describe): _____</p>
57.	<p>How did you feel about the discipline you received?</p>
58.	<p>Was there any physical, sexual, or emotional abuse in your family? Any parental neglect? If yes, was it of mild, moderate, or severe intensity? Who was or may have been involved? Please describe separately:</p> <p><input type="checkbox"/> Physical abuse: _____</p> <p><input type="checkbox"/> Sexual abuse: _____</p> <p><input type="checkbox"/> Emotional abuse: _____</p> <p><input type="checkbox"/> Parental neglect: _____</p>
59.	<p>To what extent do you have any significant gaps in your memories of childhood and adolescence?</p>
60.	<p>To what extent have childhood fears or phobias caused you serious distress or interfered with your family life or school performance? Use the list that follows as a guide. Indicate one or more categories that may have applied to you.</p> <p><input type="checkbox"/> Fear of the dark</p> <p><input type="checkbox"/> Fear of bugs, spiders, snakes</p> <p><input type="checkbox"/> Fear of being left alone</p> <p><input type="checkbox"/> Fear of going to school</p> <p><input type="checkbox"/> Fear of other animals</p> <p><input type="checkbox"/> Other fears (please specify): _____</p> <p>Description of fear(s) or phobia(s) and the effect on you:</p>
61.	<p>How often did you lie to your teachers or parents? (Select category.)</p> <p><input type="checkbox"/> Rarely, if ever</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Regularly</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Almost every day</p>

62.	How often did you steal or shoplift things as a child or adolescent? (Select category.) <input type="checkbox"/> Rarely, if ever <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly <input type="checkbox"/> Often <input type="checkbox"/> Almost every day
63.	As a child or adolescent, did you have a best friend? Please describe:
64.	Describe your peer group as a pre-adolescent. Mark all categories that apply. <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Popular <input type="checkbox"/> Unpopular <input type="checkbox"/> Based on sports <input type="checkbox"/> Based on academics or other school experiences <input type="checkbox"/> Mainly girls <input type="checkbox"/> Mainly boys <input type="checkbox"/> Mixed, boys and girls
65.	Describe your peer group as an adolescent. Mark all categories that apply. <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Popular <input type="checkbox"/> Unpopular <input type="checkbox"/> Based on sports <input type="checkbox"/> Based on academics or other school experiences <input type="checkbox"/> Mainly girls <input type="checkbox"/> Mainly boys <input type="checkbox"/> Mixed, boys and girls
66.	How old were you when you first reached puberty?
67.	How old were you when you had your first romantic relationship?
68.	To what extent is your present sexual life satisfactory to you? If it is not, please describe:
69.	To what extent did you discuss sexual topics with your parents? Please describe:

70.	As a child or teenager, were you ever raped, molested, or subjected to what you or others considered inappropriate sexual behavior by someone? If "YES", please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
71.	As a child or teenager, were you ever involved, sexually or romantically, with someone more than four years older than yourself? If "YES", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
72.	Has your sexual behavior ever caused you or anyone else any problems? If "YES", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
73.	I consider the following to have been true of me while I was a child. (Mark all that apply.) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> Uneducated, undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed </td> </tr> </table>		<input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> Uneducated, undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____	<input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed
<input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> Uneducated, undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____	<input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed			

Relationship/Marital History

74. List all marriages, cohabitations, divorces, and/or separations you have had. Include if you have been widowed. Note: In the table below, "Spouse / Partner Age," refers to age at the beginning of the relationship.

Nature of Relationship	Date (From/To)	Reason for Separation/Divorce	Spouse/Partner Age	Spouse/Partner Occupation
	/			
	/			
	/			
	/			
	/			
	/			
	/			

75. Do you have any children? ☐ Yes ☐ No
If "Yes," complete the following chart; if "No," skip to the next item.

Child's Name	Relationship	Age	Residence	If not with you, indicate City and State of child's residence.
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	

76. If you are presently involved with a spouse/partner, please describe two major problem areas you experience.

77. Do you have any birth children that were given up for adoption? ☐ Yes ☐ No

78. Have your parental rights ever been terminated or restricted? ☐ Yes ☐ No

79. Has any child of yours ever been placed in foster care? ☐ Yes ☐ No

If you checked "YES" to any of the previous 3 questions, please provide a description of the circumstances or a more detailed response.

Educational History

80. Please list **all** of the schools you have attended:

School Attended	Location	Dates of Attendance	Graduation Status	Degree(s) Received

81. Please describe your grades and academic performance in grade school, junior high, and high school.

Grade School:

Junior High School:

High School:

82. Did any of the following happen to you? Mark all that apply. If "**YES**," please explain.

- ☐ Expelled from school
- ☐ Suspended from school
- ☐ Held back for a year in school
- ☐ Advanced a grade
- ☐ Placed in a special class

Explanation of any of the above:

83. Do you have any learning disabilities? If "**YES**," please describe:

84. Indicate with a checkmark any special academic interests:

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

85. Indicate the single academic area in which you are *most* competent. Make only **ONE** selection.

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

86. Indicate the single academic area in which you are *least* competent. Mark only one selection.

- ☐ Math and science
☐ Fine arts
☐ History
☐ Literature
☐ Philosophy
☐ Other (please specify): _____

Occupational History

87. List all jobs which you have held, both paid and unpaid/voluntary, since you were 18 years old. Begin with your most recent position.

Position Title or Nature of Work	Location	Dates (From/To)	Reason for Leaving	Supervisor's Name
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		

88. Have you ever been fired from a position? ☐ Yes ☐ No

89. Have you ever prematurely/abruptly resigned from a position? ☐ Yes ☐ No

90. Have you ever been asked to resign from a position? ☐ Yes ☐ No

91. If you have ever supervised others as part of a position, have there been any difficulties? ☐ Yes ☐ No

92. Has tension or anger in a domestic relationship ever flowed into your workplace, affecting your relationships with supervisors or coworkers? ☐ Yes ☐ No

If you checked "YES" to any of the previous 5 questions, please provide a description of the circumstances or a more detailed response.

93.	Describe the worst problem you have experienced at a position and how you handled it.
94.	Describe, as specifically as possible, the characteristics of an ideal "supervisor" that would optimally motivate you?
95.	Describe at least two or three features of a satisfying ministry or work project you have concentrated on recently or in the past (e.g., working with others who are responsive to my ideas, seeing a particular project completed that I began).
96.	Describe the most important feature of a very satisfying work day for yourself.
97.	What personality traits or behaviors in others do you find difficult to accept or like?
98.	What personality traits in yourself do you think may sometimes be a problem for others?
99.	List the important ingredients of a successful career in the ministry.

Medical History

100. Have you ever had any major medical problems? ☐ Yes ☐ No
101. Have you ever been hospitalized for medical problems? ☐ Yes ☐ No
102. Have you ever had problems with your heart, lungs, liver, or kidneys? ☐ Yes ☐ No
103. Do you have any allergies to any medications? ☐ Yes ☐ No
104. Have you ever had any surgery? ☐ Yes ☐ No
105. Have you ever had a problem with your weight? ☐ Yes ☐ No
106. Have you ever had major concerns about your weight, body size or shape? ☐ Yes ☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response. (If you need more space, please use the pages provided at the end of this questionnaire.)

107. Do you currently take prescription medication for any medical problems? ☐ Yes ☐ No
If "YES," please list each medication, dose, duration of use, and reason for use.

Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.				
b.				
c.				

108. Do you currently take any non-prescription medication of any kind? ☐ Yes ☐ No
(e.g., laxatives, vitamins, food supplements, herbal preparations, over-the-counter sleeping pills)
If "YES," please list each medication, duration of use, and reason for use.

Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.				
b.				
c.				

109.	Have you ever received alternative medical care (e.g., homeopathy, faith healing, etc.)? If "YES," please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
110.	Have you ever used any prescription medications in the past for more than two weeks? If "YES," please list each medication, dose, duration of use, and reason for use.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Medication</th> <th style="width: 20%;">Dosage & Route</th> <th style="width: 20%;">Medical Condition</th> <th style="width: 20%;">Date Started</th> <th style="width: 20%;">Date D/C</th> </tr> </thead> <tbody> <tr><td>a.</td><td></td><td></td><td></td><td></td></tr> <tr><td>b.</td><td></td><td></td><td></td><td></td></tr> <tr><td>c.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C	a.					b.					c.					
Medication	Dosage & Route	Medical Condition	Date Started	Date D/C																		
a.																						
b.																						
c.																						
111.	Have you ever had a major head injury? If "yes," please describe each such occurrence, date of the injury, and whether you lost consciousness (and for how long you lost consciousness).	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
112.	When was the last time you saw a physician? _____ For what reason?																					
113.	How many times have you seen a physician in the last five years? How many times have you seen a physician in the last year?																					
114.	Have you ever disregarded a physician's or other health provider's advice? If "YES," please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
115.	Do you smoke cigarettes or use other tobacco products? If "YES," <input type="checkbox"/> How much do you smoke/use daily? _____ <input type="checkbox"/> How long have you been smoking or using other tobacco products? _____ Describe any attempts to quit.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				

Psychiatric History				
116. Have you ever sought professional help or a self-help program for emotional problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," complete the chart below.				
Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treatment (psychotherapy, medication)	Your Response to Treatment
Outpatient				
Partial/Day Hospital				
Inpatient/ Residential				
117. Have you ever been or are you currently treated with medication for an emotional problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," complete the chart below.				
Medication	Dosage	Condition Being Treated	Date Started	Date Stopped
a.				
b.				
c.				
118. Have you ever seriously thought about taking your own life? <input type="checkbox"/> Yes <input type="checkbox"/> No 119. Have you ever attempted to kill yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No 120. Have emotional problems ever significantly interfered with your work and/or academic performance? <input type="checkbox"/> Yes <input type="checkbox"/> No 121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.				

122. Have you ever engaged in, or been told that you have a diagnosis of any of the following?

☐ Yes ☐ No

No

If "YES," please mark that item and **describe** the circumstances.

- ☐ Exhibitionism (exposure of one's genitals to a stranger)
- ☐ Fetishism (use of non-living objects for sexual gratification)
- ☐ Frotteurism (rubbing a non-consenting person)
- ☐ Pedophilia (adult's sexual activity with a prepubescent child or adolescent)
- ☐ Sexual masochism (obtaining sexual gratification from being humiliated, beaten, bound, or otherwise made to suffer)
- ☐ Sexual sadism (inflicting psychological or physical suffering on someone else to obtain sexual satisfaction)
- ☐ Voyeurism (observing unsuspecting people, usually strangers, who are naked, disrobing, or engaging in sexual activity)

Circumstances:

123. To your knowledge, has any blood relative (grandparents, parents, aunts, uncles, nephews, cousins, siblings, or children) ever:

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | received or sought out professional help for any emotional problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | been treated with medication for any emotional problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | received or sought out professional help for a drug or alcohol problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | had a history of untreated emotional and/or drug or alcohol problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

124. In the past year, on average: How many alcoholic drinks did you have each week? _____ How many drinks have you had in the past year? _____		
125. Have you ever used/consumed alcohol on a daily basis? How much did you use daily? _____ Over what period of time? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
126. Have you ever drank so much that you could not remember what happened by the next morning? If "Yes," describe the circumstances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
127. Have you ever tried to cut down on the amount you drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
128. Have you ever become annoyed with others when they discuss your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
129. Have others ever raised concerns about your drinking patterns or behavior while drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
130. Do you ever feel guilty about your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
131. Have you ever taken a drink in the morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
132. Has your drinking ever caused you problems at work, school, or at home with your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
133. Have you ever been charged with or convicted for driving while intoxicated or driving under the influence of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
134. Is it ever hard for you to stop drinking after only one drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
135. Did you ever take a drink before going out to a function where you know there will be no alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.		

136. Place a checkmark beside any of the following drugs that you now use or have ever used:

- | | |
|---|---|
| <input type="checkbox"/> Marijuana or hashish | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Heroin or other narcotics | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Barbiturates or downers | <input type="checkbox"/> Diet pills* |
| <input type="checkbox"/> Tranquilizers of any kind* | <input type="checkbox"/> Sleeping pills* |
| <input type="checkbox"/> Hallucinogens (for example, mescaline, psilocybin) | <input type="checkbox"/> PCP (angel dust) |
| | <input type="checkbox"/> Laxatives and/or diuretics |
|
<input type="checkbox"/> Other drug (specify): _____ | |
|
<input type="checkbox"/> Other drug (specify): _____ | |

* If you used these drugs while under the care of a physician and used them according to the physician's prescription/order, you do not need to complete the next section.

137. If you marked a substance above, list when you used the drug, over what period of time, and average daily and weekly amount of the drug used. Also state your longest period of abstinence from the drug.

Name of Drug	Date Usage Began	Date Stopped	Average Daily/ Weekly Amount Used	Longest Period Of Abstinence

138. Have you ever been treated for or sought professional help for a drug, alcohol or eating problem? ☐ Yes ☐ No

139. Have you ever attended Alcoholics Anonymous, Narcotics Anonymous, Narcotics Anonymous or any of the other 12-step programs? ☐ Yes ☐ No

If you checked "Yes" to either of the two questions above, complete the chart below:

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treatment (psychotherapy, medication)	Your Response to Treatment
Outpatient/ Self-help				
Partial/Day Hospital				
Inpatient/ Residential				

Legal History

140. Have you ever been charged with a crime of any kind? ☐ Yes ☐ No
141. Have you ever been convicted of any crime? ☐ Yes ☐ No
142. Have you ever been placed on probation? ☐ Yes ☐ No
143. Have you ever been charged with traffic violations, including vehicular homicide or driving while intoxicated? ☐ Yes ☐ No
144. Has your drivers license ever been suspended or revoked? ☐ Yes ☐ No
145. Have you ever been incarcerated? ☐ Yes ☐ No
146. If you have been divorced, have you ever fallen behind on court-ordered child support or alimony payments? ☐ Yes ☐ No
147. Have you ever initiated a lawsuit? ☐ Yes ☐ No
148. Have you ever been a defendant in a lawsuit? ☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

Financial History

149. Select the category which most closely approximates your family's annual income bracket during your childhood and adolescence:
- | | |
|---|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$60,000 -- \$74,999 |
| <input type="checkbox"/> \$15,000 -- \$24,999 | <input type="checkbox"/> \$75,000 -- \$99,999 |
| <input type="checkbox"/> \$25,000 -- \$39,999 | <input type="checkbox"/> \$100,000 -- \$150,000 |
| <input type="checkbox"/> \$40,000 -- \$49,999 | <input type="checkbox"/> Over \$150,000 per year |
| <input type="checkbox"/> \$50,000 -- \$59,999 | |

150. Select the category which most closely approximates the highest annual income you have ever received:
- | | |
|---|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$60,000 -- \$74,999 |
| <input type="checkbox"/> \$15,000 -- \$24,999 | <input type="checkbox"/> \$75,000 -- \$99,999 |
| <input type="checkbox"/> \$25,000 -- \$39,999 | <input type="checkbox"/> \$100,000 -- \$150,000 |
| <input type="checkbox"/> \$40,000 -- \$49,999 | <input type="checkbox"/> Over \$150,000 per year |
| <input type="checkbox"/> \$50,000 -- \$59,999 | |

What year did you reach this income level:

151. Has your family ever experienced any significant financial changes? ☐ Yes ☐ No
152. Are you currently or have you ever experienced serious financial difficulties? ☐ Yes ☐ No
153. Have you ever declared bankruptcy? ☐ Yes ☐ No
154. Do you have any ongoing problems with personal/family financial management? ☐ Yes ☐ No
(e.g. credit card debt, foreclosures, problems with debt collectors, compulsive gambling)

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

FORM M

BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders convey the completed form both to the examining mental health clinician(s) and to the diocese sponsoring the evaluation. This questionnaire remains in the clinician's custody and in the applicant's permanent diocesan file.

The examining clinician(s), diocese or any of its agents reserve the right to verify independently any information provided in this questionnaire.

All questions must be answered.

DIRECTIONS:

This questionnaire contains a series of items regarding your background and experiences. Please read each carefully. For each question, type a response. If a question does not apply to you, type "Does Not Apply" or "N/A."

Do NOT skip items.

If you opt to handwrite this questionnaire, please use an **ink pen**.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies? If yes, please explain in the space below.

2. Have you ever been asked to resign or been terminated by a training program or employer? If yes, please explain in the space below.

3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason? If yes, please explain in the space below.

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you? If yes, please explain in the space below.
5. Are you now or have you ever had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)? If yes, please explain in the space below.
6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? If yes, please explain in the space below.

7. Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials? If yes, please explain in the space below.
8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver's license ever been revoked or suspended? If yes, please explain in the space below.
9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care? If yes, please explain below.
10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity? If yes, please explain below.

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for postulancy or cause for dismissal from postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please type or print)

Signature

Date

Sponsoring Diocese

Witness Signature

Date

FORM N

REQUIRED MEDICAL EXAMINATION

This report should be mailed by the examiner directly to the Bishop, and the information should be treated as strictly confidential. By submitting to this examination, the candidate consents to the use of the information herein in connection with his/her candidacy.

MEDICAL EXAMINATION

Name		Date of Birth	
Your Home Address		Phone Number/Fax Number	
Marital Status		Children and Ages	
Notify in Case of Illness		Phone Number/Fax Number	
Personal Physician	Physician's Address	Phone Number/Fax Number	

Please answer all questions below "Yes" or "No;" provide full details in space at bottom for any questions answered "Yes."

Have You	Yes	No
1. Ever been rejected or paid extra money for insurance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever received Workmen's Compensation or other disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been rejected for employment on account of any physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever received prescription drugs for mental illness or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever been a patient in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had any accidents, injuries or operations or contemplate any operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Received disability benefits or medical leave for any medical/psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever left school or any position because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>
10. Lost time from work or school in the past three years for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>

Provide *full details* here for all questions answered "Yes." *Full details* include the condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

Outline for Physical Examination			
1.	(a) How long have you known applicant	(b) in what relationship?	
2.	(a) height without shoes:	Ft	Ins (b) weight: lbs
Vital Signs			
Temperature	Pulse	Respiration	Blood Pressure (arm, R <input type="checkbox"/> or L <input type="checkbox"/> position)

Temperature	Pulse	Respiration	Blood Pressure (arm, R <input type="checkbox"/> or L <input type="checkbox"/> position)

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head			Lymph Nodes		
<i>Eyes</i>	Vision	<input type="checkbox"/>		Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands	<input type="checkbox"/>
	Conjunctivae and sclerae	<input type="checkbox"/>			
	Pupils size	<input type="checkbox"/>			
	Reaction	<input type="checkbox"/>			
	Equality	<input type="checkbox"/>			
	Appearance	<input type="checkbox"/>			
<i>Ears</i>	Hearing	<input type="checkbox"/>			
	Air and bone conduction	<input type="checkbox"/>	Chest		
	Appearance of tympanic membranes	<input type="checkbox"/>		Appearance and function of chest wall	<input type="checkbox"/>
<i>Nose</i>	Obstruction to breathing	<input type="checkbox"/>	<i>Breasts</i>	Appearance, asymmetry, tenderness, masses, nipple discharge	<input type="checkbox"/>
	Septal deviation and/or perforation	<input type="checkbox"/>	<i>Lungs</i>	Type of respiration, character of breath sounds; presence of rales, rhonchi, wheezes or rubs	
	Discharge	<input type="checkbox"/>	<i>Heart</i>		
<i>Mouth</i>	Sores	<input type="checkbox"/>		Apex location, precordial movements or thrills	<input type="checkbox"/>
	Dental status	<input type="checkbox"/>	<i>Auscultation</i>		
	Appearance and palpation of mucosa tongue, gums floor of mouth	<input type="checkbox"/>		Heart sounds: S1, S2, S3, S4	<input type="checkbox"/>
	Appearance of tonsils, pharynx	<input type="checkbox"/>		Presence of murmurs, clicks, rub, split sounds	<input type="checkbox"/>
	Appearance & movement of uvula, palate gag reflex	<input type="checkbox"/>		Radiation of murmurs	<input type="checkbox"/>
Neck			Pulses		
	Palpable masses	<input type="checkbox"/>		Carotids	<input type="checkbox"/>
	Thyroid	<input type="checkbox"/>		Brachials	<input type="checkbox"/>
	Location of trachea	<input type="checkbox"/>		Radials	<input type="checkbox"/>
	Venous engorgement	<input type="checkbox"/>		Femorals	<input type="checkbox"/>
	Bruits	<input type="checkbox"/>		Dorsalis pedis	<input type="checkbox"/>
	Flexibility	<input type="checkbox"/>		Posterior Tibials	<input type="checkbox"/>

Summary of positive findings:

Outline for Physical Examination
(continued from previous page)

Spine			Neurological		
	Mobility	<input type="checkbox"/>		Mental status	<input type="checkbox"/>
	Tenderness	<input type="checkbox"/>		Cranial nerves	<input type="checkbox"/>
	Curvature	<input type="checkbox"/>		Cerebellar function	<input type="checkbox"/>
Abdomen				Muscle strength	<input type="checkbox"/>
	Appearance (distended, flat, scaphoid)	<input type="checkbox"/>		Reflexes	<input type="checkbox"/>
	Abnormal movements	<input type="checkbox"/>		Gait and station	<input type="checkbox"/>
	Dilated veins	<input type="checkbox"/>		Rapid sensory exam including vibratory	<input type="checkbox"/>
	Striae	<input type="checkbox"/>			
<i>Auscultation</i>	Bowel sounds	<input type="checkbox"/>	Extremities		
	Bruits	<input type="checkbox"/>		Skin color	<input type="checkbox"/>
	Rubs	<input type="checkbox"/>		Temperature	<input type="checkbox"/>
<i>Percussion</i>	Distention	<input type="checkbox"/>		Texture	<input type="checkbox"/>
	Organ size	<input type="checkbox"/>		Varicosities	<input type="checkbox"/>
<i>Palpation</i>	Resistance	<input type="checkbox"/>		Clubbing	<input type="checkbox"/>
	Tenderness	<input type="checkbox"/>		Edema	<input type="checkbox"/>
	Rebound	<input type="checkbox"/>		Joint motions	<input type="checkbox"/>
	Organs (liver, spleen, bladder)	<input type="checkbox"/>		Muscular abnormalities	<input type="checkbox"/>
	Masses	<input type="checkbox"/>		Circumference	<input type="checkbox"/>
	Epigastric or incisional hernia	<input type="checkbox"/>			

Genital, Prostate or Pelvic Examination	Rectal Exam and Stool Sample
List any abnormal findings:	List positive findings:

LABORATORY	
CBC	
Fast Chem profile	
U/A	
EKG (if indicated)	
PPD	

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential information that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

Examiner's Signature

Address

/

Phone Number/Fax Number

M.D.

Check the appropriate box for the disorders you have or have had in the past.

Infectious Diseases	Yes	No	Respiratory System	Yes	No
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Infection	<input type="checkbox"/>	<input type="checkbox"/>
Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Dysentery (Chronic)	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Infantile Paralysis (Polio)	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Skin diseases or eczema	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Fevers	<input type="checkbox"/>	<input type="checkbox"/>	Chronic hoarseness	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Chills	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>
Lymph node enlargement	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Heart and Blood Vessels	Yes	No	Nervous System	Yes	No
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epileptic or other fits	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pain in chest	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous diseases (family)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous diseases (self)	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Visual problems	<input type="checkbox"/>	<input type="checkbox"/>
Swollen ankles	<input type="checkbox"/>	<input type="checkbox"/>	Deafness	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or blood disease	<input type="checkbox"/>	<input type="checkbox"/>	ringing ears, hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation disorder	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Elevated cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Weakness of limbs	<input type="checkbox"/>	<input type="checkbox"/>
			Numbness	<input type="checkbox"/>	<input type="checkbox"/>
Digestive System	Yes	No	Miscellaneous	Yes	No
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or Other Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar disease (family)	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar disease (self)	<input type="checkbox"/>	<input type="checkbox"/>
Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
Marked over or underweight	<input type="checkbox"/>	<input type="checkbox"/>	Foot problems	<input type="checkbox"/>	<input type="checkbox"/>
Recent weight loss	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>
Gall bladder disease	<input type="checkbox"/>	<input type="checkbox"/>	Joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to any food, medicine or injection	<input type="checkbox"/>	<input type="checkbox"/>
			Blood transfusions	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary System	Yes	No			
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	Daily use of nicotine (past 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
Prostate disease	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a habitual user of any habit forming drugs or received treatment for alcoholism or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Bladder disease	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any illnesses (mental or physical) or accidents other than those mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>			
Pain in passing urine	<input type="checkbox"/>	<input type="checkbox"/>			
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby declare that my answers to the above questions are full and true.

Signed at _____ in my presence, this _____ day of _____, _____.

(Physician)

PATH TO CANDIDACY

EPISCOPAL DIOCESE OF DALLAS

FORM O: VESTRY REAFFIRMATION FOR CANDIDACY FOR HOLY ORDERS

*To the Rt. Rev. Dr. George R. Sumner, Bishop
and to the Commission on Ministry of the Diocese of Dallas
and to the Standing Committee of the Diocese of Dallas*

DATE _____

WE, whose names are hereunder written as duly elected members of the Vestry of *(Print Name of Congregation)* _____, testify to our belief that *(Print Name of Postulant)* _____ possesses such qualifications as would fit him/her to be admitted a **CANDIDATE FOR HOLY ORDERS**.

WE declare that our judgment is based upon:

- _____ Personal knowledge of the Postulant on the part of the Vestry
- _____ Evidence concerning the Postulant presented to the Vestry
- _____ A combination of personal knowledge of the Postulant and other evidence

VESTRY SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Must be signed by a two-thirds majority of the Vestry Members)

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the Vestry of *(Print Name of Congregation)* _____, duly convened in the City of *(City Name)* _____ on *(Date)* _____ and that the signatures shown are those of a two-thirds majority of the members of the Vestry.

Signed _____
(Clerk of the Vestry)

I HEREBY certify that I am personally acquainted with *(Print Name of Postulant)* _____ and that I believe him/her to be well qualified to be made a **CANDIDATE** in the discernment process.

Signed _____
(Rector/Vicar of the Congregation to which the Postulant belongs)

Note: Should the Congregation be without a Rector/Vicar, it shall suffice that in his/her place the certificate from the Vestry be signed by some Presbyter of the Diocese in good standing to whom the Postulant is personally known, the reason for the substitution being stated in the attesting clause.

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM P: LETTER OF APPLICATION FOR CANDIDACY FOR HOLY ORDERS

Date

Your name
Address
Email
Phone number

The Rt. Rev. Dr. George R. Sumner
Bishop of Dallas
Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Dear Bishop Sumner:

In accordance with the Canons of the Episcopal Church (**pick one:** Title III, Canon 6, Section 4 [2018] for Ordination to the Diaconate or Title III, **or** Canon 8, Section 4 [2018] for Ordination to the Priesthood), I respectfully submit this application to become a candidate for Holy Orders.

I am providing you with the following information as required under the above canon:

- Full Name_____
- Date granted Postulancy_____

Personal remarks here, if any

Sincerely yours,

Your signature

Your name printed

cc: *(fill in the name)*, Canon to the Ordinary
(fill in the name), Chair, Commission on Ministry
(fill in the name of the rector of your sponsoring church)
(fill in the name), EDOD Vocations Administrator

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

PATH
TO
ORDINATION
TO THE
DIACONATE

EPISCOPAL DIOCESE OF DALLAS

FORM Q:
VESTRY ENDORSEMENT FOR ORDINATION TO THE DIACONATE

*To the Rt. Rev. Dr. George R. Sumner, Bishop
and to the Commission on Ministry of the Diocese of Dallas
and to the Standing Committee of the Diocese of Dallas*

DATE_____

WE, whose names are hereunder written as duly elected members of the Vestry of *(Print Name of Congregation)* _____, do certify that, after due inquiry, we are well assured and believe that *(Print Name of Candidate)* _____, hath lived a sober, honest, and godly life, and that he/she is loyal to the Doctrine, Discipline, and Worship of this Church, and does not hold anything contrary thereto. And, moreover, we think he/she is a person worthy to be admitted to the **SACRED ORDER OF DEACONS**.

VESTRY SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Must be signed by a two-thirds majority of the Vestry Members)

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the Vestry of *(Print Name of Congregation)* _____, duly convened in the City of *(City Name)* _____ on *(Date)* _____ and that the signatures shown are those of a two-thirds majority of the members of the Vestry.

Signed _____
(Clerk of the Vestry)

I HEREBY certify that I am personally acquainted with *(Print Name of Candidate)* _____ and that I believe him/her to be well-qualified to minister in the **OFFICE OF DEACON**, to the glory of God and the edification of His Church.

Signed _____
(Rector/Vicar of the Congregation to which the Candidate belongs)

NOTE: Should the Congregation be without a Rector/Vicar, it shall suffice that in his place the certificate from the Vestry be signed by some Presbyter of the Diocese in good standing to whom the Candidate is personally known, the reason for the substitution being stated in the attesting clause.

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM R: LETTER OF REQUEST FOR ORDINATION TO THE DIACONATE

Date

Your name
Address
Email
Phone number

The Rt. Rev. Dr. George R. Sumner
Bishop of Dallas
Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Dear Bishop Sumner:

In accordance with the Canons of the Episcopal Church *Pick One:* **(Title III, Canon 6, Section 6 [2018] for Ordination to the Diaconate or Title III, Canon 8, Section 6 [2018] for Ordination to the Priesthood)**, I respectfully request ordination as a deacon in Christ's Church.

I am providing you with the following information as required under the above canon:

Full Name_____

Date granted Postulancy_____

Date granted Candidacy_____

Personal remarks here, if any.

Sincerely yours,

Your signature

Your name printed

cc: *(fill in the name)*, Canon to the Ordinary
(fill in the name), Chair, Commission on Ministry
(fill in the name of the rector of your sponsoring church)
(fill in the name), EDOD Vocations Administrator

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

PATH
TO
ORDINATION
TO THE
PRIESTHOOD

EPISCOPAL DIOCESE OF DALLAS

FORM S: VESTRY ENDORSEMENT FOR ORDINATION TO THE PRIESTHOOD

*To the Rt. Rev. Dr. George R. Sumner, Bishop
and to the Commission on Ministry of the Diocese of Dallas
and to the Standing Committee of the Diocese of Dallas*

DATE _____

WE, whose names are hereunder written as duly elected members of the Vestry of *(Print Name of Congregation)* _____, do certify and believe that *(Print Name of Deacon)* The REVEREND _____ since the _____ day of _____ in the year _____, being the date of his/her ordination to the Diaconate, hath lived a sober, honest, and godly life, and hath not written, taught, or held anything contrary to the Doctrine, Discipline, or Worship of this Church, and, moreover, we think him/her a person worthy to be admitted to the **SACRED ORDER OF PRIESTS**.

VESTRY SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Must be signed by a two-thirds majority of the Vestry Members)

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the Vestry of *(Congregation Name)* _____, duly convened in the City of *(City Name)* _____ on *(Date)* _____ and that the signatures shown are those of a two-thirds majority of the members of the Vestry.

Signed _____
(Clerk of the Vestry)

I HEREBY certify that I am personally acquainted with *(Print Name of Deacon)* *The REVEREND* _____ and that I believe him/her to be well qualified to minister in the **OFFICE OF PRIEST**, to the glory of God and the edification of His Church.

Signed _____
(Rector/Vicar of the Congregation to which the Deacon belongs)

NOTE: Should the Congregation be without a Rector/Vicar, it shall suffice that in his place the certificate from the Vestry be signed by some Presbyter of the Diocese in good standing to whom the Deacon is personally known, the reason for the substitution being stated in the attesting clause.

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue
Dallas, Texas 75206
Phone: 214-826-8310

EPISCOPAL DIOCESE OF DALLAS

FORM T: LETTER OF REQUEST FOR ORDINATION TO THE PRIESTHOOD

Date

Your name
Address
Email
Phone number

The Rt. Rev. Dr. George R. Sumner
Bishop of Dallas
Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Dear Bishop Sumner:

In accordance with the Canons of the Episcopal Church (Title III, Canon 8, Section 7 [2018] for Ordination to the Priesthood), I respectfully request ordination to the sacred order of priests in Christ's Church.

I am providing you with the following information as required under the above canon:

Full Name_____

Date you accepted your Nomination_____

Date granted Postulancy_____

Date granted Candidacy_____

Date ordained Deacon_____

Personal remarks here, if any

Sincerely yours,

Your signature

Your name printed

cc: *(fill in the name)*, Canon to the Ordinary
(fill in the name), Chair, Commission on Ministry
(fill in the name of the rector of your sponsoring church)
(fill in the name), EDOD Vocations Administrator

Completed forms should be submitted to:

Episcopal Diocese of Dallas
ATTN: EDOD Vocations Administrator
5100 Ross Avenue

Dallas, Texas 75206
Phone: 214-826-8310