



Communion of Evangelical Episcopal Churches

Applicant Profile

Address			
Name:			
Address:			
City:		State	ZIP
Country:			

Telephone & Internet Contact Information			
Home:		Work:	Cell:
Email:		Web Site:	

Ministerial History					
Have you been:					
<i>Commissioned to a Lay Ministry?</i>	Y	N	DATE	___/___/___	Church:
<i>Ordained to the Diaconate?</i>	Y	N	DATE	___/___/___	Church:
<i>Ordained to the Presbytery?</i>	Y	N	DATE	___/___/___	Church:
<i>Consecrated a Bishop?</i>	Y	N	DATE	___/___/___	Church:
If you answered Yes to the above, was it in an ecclesiastical jurisdiction in Apostolic Succession? Yes No					

Family Information		
Marital Status	S M D W	
Name of Spouse		Date of Marriage:
Names of Children		Birthday:
		Birthday:
		Birthday:
		Birthday:
		Birthday:
		Birthday:
Have you been married previously? Y N		
If you answered "Yes" please explain on the space provided at the end of this form or append an attachment.		

Parishes served			
In the section below, please list the parishes you have served, in chronological order. If you need more space, please append an attachment.			
PARISH	FROM	TO	RESPONSIBILITIES

Other Ministries you have served

In the section below, please list the ministries you have served, in chronological order. If you need more space, please append an attachment.

MINISTRY	FROM	TO	RESPONSIBILITIES

Education*

In the space below, please list the undergraduate, graduate, and postgraduate degrees you have earned, along with any Diplomas, other Certificates and copies of transcripts. If you need more space, please append an attachment.

EDUCATIONAL INSTITUTION	FROM	TO	DEGREE EARNED

*NOTE: We highly value applicants who Read for Orders or were disciplined under a recognized mentor. If your educational experience followed this more traditional line, please share that information with us in an attached sheet.

References

Please provide two references, one clergy and one lay.

Name:			
Address:			
City:	State	ZIP	
Country:			
Name:			
Address:			
City:	State	ZIP	
Country:			

IMPORTANT: Please have each listed reference send a letter of recommendation to the Diocesan Office addressed to the Bishop.

Please answer the following questions:

Have you ever been convicted of a felony?	Y N	If you answered "Yes," please explain in an attachment.
Are you aware of any physical or emotional impairment which would affect your ability to minister?	Y N	
Have you ever been disciplined, dismissed, or suspended from a secular job, ministry, or military service?	Y N	

Attestation

Please read, sign, and date the following attestation.

I attest that the information provided in this application is complete and accurate. I authorize the Archdiocese of St. Patrick to confirm this information through the institutions, ministries, and agencies listed above. I understand that I may be asked to provide a release for further information (medical, legal, etc.) if deemed necessary.

Signed: _____ Date: _____