NOMINEE’S QUESTIONNAIRE
Commission on Ministry for the Diocese of Iowa

The Commission on Ministry is interested in knowing about you as a nominee for Holy Orders. We are interested in your ideas, feelings, and how you have lived your life in general. We are especially interested in knowing your passion, your character, and your effectiveness as evidenced in your daily life, past and present, as a baptized Christian. This information will enable us to make the best recommendation to the Bishop concerning ordination. This questionnaire is to be completed and sent to the address below prior to your initial meeting with the Bishop. All information is considered confidential.

Instructions: Please complete this questionnaire, including the narrative of your spiritual journey, and then share it with the member of the clergy in charge of your congregation. You may answer the questions requesting factual information using this form and use additional paper for the narrative responses.

If you are completing this form, you will also submit the applicable companion form for Nomination for Ordination (individuals – priesthood or diaconate), or Application for Admission to Postulancy (members of Ministry Development Team) available at www.iowaepiscopal.org/resources/forms

In furtherance of this application, I hereby agree to submit to thorough examinations, covering both my mental and physical condition by a professional appointed by the Bishop, and do consent to and authorize release of the results of such examinations (after my having a reviewing consultation with the examiner subsequent to my initial psychological exam) to advisory bodies in determining whether a recommendation for admission as a postulant and/or candidate shall be made. Such results shall be the exclusive property of the Office of the Bishop.

________________________________   ___________________________________________
(date)                (applicant’s signature)

Mail completed form to:  Office of the Bishop, Episcopal Diocese of Iowa
225 – 37th Street, Des Moines, IA 50312-4305
THE EPISCOPAL DIOCESE OF IOWA

Social Security number will appear in FILE COPY ONLY

Date received: ______________
I. Identifying Information

Date of application: ______________________ To which order: ______________________

Social Security Number: ______________________

Full legal name of nominee: __________________________________________________________

(First)    (Middle)   (Last)

Other names you may have used:

This (is ___) (is not _____) my first application for admission as a Postulant for Holy Orders. If not, please explain.

Male ____ Female ____ Age: ____

Date of Birth: ________________________ Birthplace: ______________________

Home address: _________________________________________________________________

Telephone: Daytime________ Other____________ email__________________________

II. Family of Origin

Father's name: ____________________________ Occupation: ____________________________

Address: ____________________________________________ Date of Birth: ____________

If deceased, please give cause and date of death:

Mother's name: ____________________________ Occupation: ____________________________

Address: ____________________________________________ Date of Birth ____________

If deceased, please give cause and date of death:

Sibling/s (please list)

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<th>Name</th>
<th>Age</th>
<th>Address</th>
<th>Occupation</th>
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If deceased, please give date and cause of death.
III. Marital History
Please check all that apply now: Married__ Single __ Engaged __ Divorced __ Remarried__ Widowed__
A. Spouse's name: ___________________________ Occupation: ___________________________
   Address________________________________________ Date of Birth: __________
   Date of marriage: ________________
B. List and date all previous marriages: __________________________________________

C. Children (please list)
Name  Age  Address
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

If deceased, please give date and cause of death.

IV. Educational History
A. High school  Location  Years enrolled  Graduated  GPA
__________________________________________________________
__________________________________________________________
__________________________________________________________

List **extra curricular activities, leadership experiences and community involvement** while in high school:
__________________________________________________________
__________________________________________________________
__________________________________________________________

B. College/University  Location  Years enrolled  Degree  Major/minor  GPA
__________________________________________________________
__________________________________________________________
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List extra curricular activities, leadership experiences and community involvement while in college
________________________________________________________________________________
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C. Please identify and discuss any significant continuing educational experience:____________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

V. Work History
Please list as far back as you can remember. Dates may be approximate in early history.

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<th>Employer</th>
<th>Dates</th>
<th>Responsibilities</th>
<th>Reason for leaving</th>
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VI. Medical History
A. Describe your present general health:_____________________________________________________

1. Briefly describe any current community involvement.

2. Briefly describe your leisure time activities and interests.
B. Briefly describe your **general health history** from childhood. Include any major illnesses, surgeries, or accidents. Please briefly discuss any previous treatment for mental illness or substance abuse.

VII. Religious History

A. **Baptism** date: ____________ Place _______________________ By whom: _________________

B. **Confirmation/reception in Anglican Communion** date: ________________________________
   Place: _______________________________ By whom: __________________________________

C. **Length of time as an Episcopalian in Diocese of Iowa:** ________________________________

D. **Churches attended**

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<th>Name / Denomination</th>
<th>Location</th>
<th>Dates</th>
<th>Type of Involvement</th>
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VIII. Financial Information

The cost of a theological education can be significant. Please indicate how you plan to finance your education.
IX. Spiritual Journey Narrative. Use additional pages and attach them to this form.

Please describe your spiritual journey to this point. You may begin with an outline of your early relationships with family and friends, significant growth experiences, and your emotional development as a child or youth. Include information about experiences you have had that could help us to understand you better. This should include any major upheaval such as loss of a loved one, marital changes, occupational changes, or any other pertinent information.

What life experiences have you had that shaped your relationship with God and other people? You may include the beginning of your conscious relationship with God, who and what has nurtured that, and what experiences have challenged or deepened that.

Describe the emergence in your life of your call to Holy Orders and how you have responded to this call. How have your family members and your friends responded to knowledge of your call to Holy Orders?

What have you done and/or are you doing now that best expresses your love for God and your love for your neighbors? How are you living out your baptismal vows in your present context? What gifts of ministry are you sharing in your present congregation? What dimensions of your life now are the most challenging and the most rewarding?

What vision do you have at this time of your possible ministry as an ordained person? What are the possible continuities and the discontinuities you foresee with your present ministry as a baptized person?

Form completed by ___________________________ Date: ________________
(nominee’s signature)

Reviewed by The Rev. ______________________ Date: ________________
(signature)

Congregation: __________________________ Location: ________________________

Rev. 07/09