



**Anglican Province of America
Diocese of the Eastern United States
Application for the Ministry**

Please type or print in black ink. This application must be completed in full and submitted with the canonically required letter, the Documentation Checklist, and the Cover Sheet/Process Checklist prior to meeting with the Bishop's Advisory Committee. Please attach additional sheets as necessary for the completion of any section. Completed applications should be mailed to the diocesan offices. The applicant should always retain a copy of all submitted documents.

Personal Information

Applicant's Name (Last, First Middle)											
Home Telephone (with Area Code)					Alternate Telephone (with Area Code)						
Home Street Address					Present Mailing Address						
City			State	Zip Code		City			State	Zip Code	
Date of Birth		Place of Birth (City, State, Country)				Applicant's E-mail Address					
Date of Baptism		Parish				Street Address					
		Affiliation/Denomination/Judicatory				City, State, Zip Code					
Date of Confirmation		Parish				Street Address					
		Affiliation/Denomination/Judicatory				City, State, Zip Code					
Date of Marriage		Parish				Street Address					
		Affiliation/Denomination/Judicatory				City, State, Zip Code					
Your Marital Status* <i>(check which best applies)</i>			Never Married			Married			Widowed		
			Separated			Divorced			Divorced and Remarried		
Wife's Marital Status* <i>(check which best applies)</i>			Married		Separated			Divorced		Divorced and Remarried	

*If either you or your wife has been previously married or you are presently separated or divorced from one another, stop with the application and contact your parish priest for guidance.



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Applicant's Name (Last, First Middle)

Family Information *Please provide the requested information for your Wife and Children.*

Full Name	Date of Birth	Place of Birth	Sex (M/F)	At home? (Y or N)
Wife (Maiden Name)				
Children				

Character References *Please list five friends, colleagues, classmates, etc., who have known you for the past fifteen years. Do not list anyone who is listed elsewhere on this form.*

From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone



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Applicant's Name (Last, First Middle)

Education Background *Please list all education in reverse chronological order, beginning with most recent first, and include High School, GED, and part-time attendance.*

Dates Attended		Complete Name and Address of School	Diploma, Degree, Etc.	Major Field of Study	GPA
From	To				
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			



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Employment History *Please list in reverse chronological order, beginning with most recent first, all periods of employment, self-employment, part-time employment, and unemployment.*

From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving

Military Service *Please list all military service in reverse chronological order, including Reserve, National Guard, and Foreign Service. Attach all discharge papers.*

From	To	Branch of Service	Service Number	Type of Discharge
		Country	Rank at Discharge	
From	To	Branch of Service	Service Number	Type of Discharge
		Country	Rank at Discharge	



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Religious Affiliations *List all religious affiliations within the past 15 years in reverse chronological order. Please include lapsed periods.*

From	To	Parish Name	Street Address	Clergyman
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Telephone No.
From	To	Parish Name	Street Address	Clergyman
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Telephone No.
From	To	Parish Name	Street Address	Clergyman
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Telephone No.
From	To	Parish Name	Street Address	Clergyman
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Telephone No.
From	To	Parish Name	Street Address	Clergyman
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Telephone No.

You may use this space for brief explanations required elsewhere. Please reference the page number and name the item you are explaining.



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Applicant's Name (Last, First Middle)

This page is to be completed by ordained clergy only.

Ordination History *Please list all ordinations below, including sub-conditione. Attach copies of all ordination documents.*

Date	Order (Deacon, Priest, etc.)	Ordained by	Street Address
	Affiliation/Denomination/Judicatory	Telephone No.	City, State, Zip Code
Date	Order (Deacon, Priest, etc.)	Ordained by	Street Address
	Affiliation/Denomination/Judicatory	Telephone No.	City, State, Zip Code
Date	Order (Deacon, Priest, etc.)	Ordained by	Street Address
	Affiliation/Denomination/Judicatory	Telephone No.	City, State, Zip Code

Clerical Inhibitions

Are you now, or have you ever been, inhibited, suspended, or deposed from your ministerial duties or order? <i>(please check one)</i>	Yes	If Yes, please provide specifics on an attached sheet of paper.
	No	

Pastoral Charges *Please list all pastoral charges in reverse chronological order.*

From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position



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Criminal History *You must record all criminal history information regardless of the final disposition of the matter. Any military actions against you must also be included. You may exclude minor traffic violations unless they were alcohol or drug related.*

Have you ever been arrested, charged, cited, held, or detained by Federal, State, or local law enforcement or juvenile authorities regardless whether the charge was dropped or dismissed against you or you were found not guilty? <i>(please check one)</i>	Yes	If Yes, give details below.
	No	

List details of "Yes" answer from above.

Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State
Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State
Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State
Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State

Drug and Alcohol Use

Have you ever tried, used, or possessed any narcotic, depressant, stimulant, hallucinogen, or cannabis or any mind-altering substance or any controlled substance as defined by law, even one time or on an experimental basis, except as prescribed by a physician? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	
Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis or any other controlled substance as defined by law? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	
Have you ever misused or abused any drug prescribed by a licensed physician for yourself or someone else? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	
Has your use of alcoholic beverages ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol related treatment or counseling? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	
Have you ever sought treatment from anyone for any drug or alcohol use or problem? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	
Has anyone ever recommended that you seek treatment for any drug or alcohol use or problem? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	

Emotional and Mental Health

Have you ever been treated for a mental, emotional, psychological, or personality disorder, condition, or problem? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	
Have you ever consulted or been counseled by any mental health professional? <i>(check one)</i>	Yes	If Yes, explain on separate paper.
	No	



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Certification of Information

and

Authority for Release of Information and Records

In the Name of the Father, and of the Son, and of the Holy Ghost. Amen.

The information that I, the applicant named above, have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission of any fact in my application or other materials accompanying or pertaining to this application will be justification for refusal of ordination, termination of my postulancy, or the bringing of presentments in accordance with the Canons of this Church.

I understand that receipt of this application by the Diocese, or by its staff, agents, or agencies, is in no means a promise of future postulancy, candidacy, or ordination as defined by this Church.

I voluntarily authorize the Anglican Province of America, the Diocese of the Eastern United States, and their staff, agents, and agencies to verify and receive information pertaining to me and this application including, but not limited to, my education, employment, criminal record, consumer credit history, driving record, military service, general public records history, religious affiliations, and ordinations history and release from liability all persons and entities supplying or collecting such information. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Applicant's Street Address		City, State, Zip Code	
Applicant's Date of Birth	Applicant's Place of Birth	Applicant's Telephone No.	
Applicant's Driver's License No.	State	Applicant's Social Security No.	
Applicant's Signature			Date Signed