

PATHWAY TO HOLY ORDERS

FORMS

THE EPISCOPAL DIOCESE OF DALLAS



Forms for the Pathway to Holy Orders

PATH TO NOMINATION

- Form A Report of the PCOV to the Vestry of the Sponsoring Parish
- Form B Nomination of an Aspirant by Sponsoring Parish's Vestry and Statement of Financial Commitment
- Form C Rector's Recommendation
- Form D Sample Letter of Acceptance of Nomination

PATH TO POSTULANCY

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- Form F Release of Information to the Diocese
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- Form H Financial Statement
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- Form J Predictive Index Survey
- Form K Background Check
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PATH TO CANDIDACY

- Form O Vestry Reaffirmation for Candidacy for Holy Orders
- Form P Sample Letter of Application for Candidacy

PATH TO ORDINATION TO THE DIACONATE

- Form Q Vestry Endorsement for Ordination to the Diaconate
- Form R Sample Letter Requesting Ordination to the Diaconate

PATH TO ORDINATION TO THE PRIESTHOOD

- Form S Vestry Endorsement for Ordination to the Priesthood
- Form T Sample Letter Requesting Ordination to the Priesthood

PATH
TO
NOMINATION

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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

NAME OF ASPIRANT _____

REPORT DATE _____

STARTING DATE OF PCOV _____ ENDING DATE _____

SPONSORING CONGREGATION _____ CITY _____

CONVENOR'S NAME _____

CONVENER'S CELL _____ OTHER _____

CONVENER'S EMAIL _____

RECTOR/VICAR'S NAME _____

RECTOR/VICAR'S CELL _____ OFFICE _____

RECTOR/VICARS'S EMAIL _____

The evaluation of the Aspirant by the Parish Committee on Vocations is summed up in the questions below, and in any other thoughts the group may wish to provide. (Please provide answers on a separate sheet)

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 weaknesses in your judgment?
5. How would you characterize this person's sense of the Christian life and habits of prayer?
6. Does this person strike you as emotionally stable and capable, and capable of healthy ministry and leadership? Were there any notable concerns or reservations expressed by a member of the group?
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:

Signature of PCOV Chair *Printed Name of PCOV Chair* *Date*

APPROVED BY:

Signature of Rector/Vicar *Printed Name of Rector/Vicar* *Date*

Completed forms should be submitted to:
The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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 of this parish. 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)

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Dallas, Texas 75206

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EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**FORM C:
RECTOR'S RECOMMENDATION OF NOMINEE**

OVERVIEW

As the Rector or Vicar most familiar with the individual requesting discernment for Holy Orders, your input is vital. The Commission on Ministry (COM) recognizes that the recommendation we request of you is detailed and time consuming. The COM appreciates very much your willingness to meet our request, 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 for Vocations and the COM are 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 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, which are also the questions asked of your vestry:

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 weaknesses in your judgment?
5. How would you characterize this person's sense of the Christian life and habits of prayer?
6. Does this person strike you as emotionally stable and capable, and capable of healthy ministry and leadership? Do you know of any notable concerns or reservations expressed by a member of your congregation?
7. What standards/boundaries has this person established to guide ethical behavior, generally? Regarding money and stewardship? Regarding substance abuse or sexual behavior?

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EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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
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 2 (2015) for Ordination to the Diaconate **or** Title III, Canon 8, Section 2 (2015) 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 _____

(Evidence of my baptism and confirmation is enclosed.)

In your letter, type 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,

Your name printed

c: The Rev. Mark Wright, Chair of the Commission on Ministry
The Rev. Dr. Jeremy Bergstrom, Canon for Vocations
your Rector/Vicar

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PATH
TO
POSTULANCY

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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? _____

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? _____

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

CHURCH NAME _____ CITY _____

DATE _____ DENOMINATION _____

OFFICIANT'S NAME _____

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

CHURCH NAME _____ CITY _____

DATE _____ DENOMINATION _____

OFFICIANT'S NAME _____

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 _____

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 the essay's title and your name.

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: the facts of your life that inform your calling to ordained ministry, the circumstances around you becoming a Christian, consideration of times of growth and change (including, if applicable, details of any counseling you have undertaken), any experience you have had participating in religions other than Christianity, and an honest discussion of your personal strengths and weaknesses.

II. **Spousal Autobiography**

If you are married, your spouse will write an autobiography, using the description above but of no more than three pages.

III. **Marriage** (a) one essay from you and (b) 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), your duties on these jobs with particular attention to leadership roles, 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 particular leadership roles you've had, key lessons learned in ministry, 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 *(each response should be no more than three paragraphs)*

- 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 is your rule of life?
- 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:

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EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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 _____ [fill in name of diocese] ("Diocese"). 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,

Initialed by Applicant

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.

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,

Initialed by Applicant

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 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:
The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

Initialed by Applicant

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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

Initialed by Applicant

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. 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.

Initialed by Applicant

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 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:

Signature of Applicant

Printed Name of Applicant

Date

WITNESSED BY:

Signature of Witness

Printed Name of Witness

Date

Completed forms should be submitted to:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

Initialed by Applicant

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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: _____

Signature of Applicant

Printed Name of Applicant

Date

Completed forms should be submitted to:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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."

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:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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 Commission on Ministry in the Diocesan Office. She will ask the Canon in charge of the Predictive Index to email you with a link to the website and a password.

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:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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 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 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:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968



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:

CURRENT LIFE STATUS

Social/Marital Status

1. What is your current marital status? (If separated or divorced, please complete all that apply.)

- Single
- Married Date: _____
- Remarried Date: _____
- Divorced Date: _____
- Separated Date: _____
- Other (describe): _____

2. With whom do you live at present? (Enter the names of all person(s) currently living with you, ages, and relationships.)

Name	Age	Relationship
------	-----	--------------

3. Do you currently own or rent a home or condominium? Own Rent

Length of time at present address: _____

4. Do you or anyone in your family/household have any learning, medical, or emotional problems? Yes No
If "YES," what are your/their needs?

5. Describe your current social support system indicating who the most important people in your life are.

6. Generally speaking, how is your physical health **RIGHT NOW**? Mark your response using the list below:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Failing | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Very Poor | <input type="checkbox"/> Above Average | |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Good | |
| <input type="checkbox"/> Below Average | <input type="checkbox"/> Very good | |

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:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Failing | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Very Poor | <input type="checkbox"/> Above Average | |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Good | |
| <input type="checkbox"/> Below Average | <input type="checkbox"/> 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?	<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		
13.	What is your current occupational status?	<input type="checkbox"/> Employed Full-time	<input type="checkbox"/> Employed Part-time	<input type="checkbox"/> Unemployed
	If "Employed," please complete the following:			
	Current Employer: _____			
	Position Title: _____			
	Date Hired: _____			
14.	To whom are you responsible in your current position:			
	Supervisor's Name: _____			
	Title: _____			
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 *current* nature of your parents' relationship to each other.

36. Describe your parents' relationship to each other *while you were growing up*.

37. Were you raised by your parents? Yes No
If not, by whom were you raised?

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? Yes No
41. Did you have any unusual childhood illnesses? Yes No
42. Were you ever hospitalized as a child? Yes No
43. Did you have any serious or recurrent accidents as a child? Yes No
44. Any history of childhood or adult seizure disorder? Yes No
45. Any delays in learning how to walk, talk, or be toilet trained? Yes No
46. Did you ever have problems with bedwetting? Yes No
47. Any problems with your speech or language development? Stuttering? Yes No
48. Any serious difficulties with concentration or with sitting still? Yes No
49. Were you involved in fighting as a child? Yes No
50. Were you involved in truancy (skipping school)? Yes No
51. Did you experience the death of a sibling? Yes 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. What ways were you disciplined by your **mother** 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 mother 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 mother.
 - Other (describe): _____

57. How did you feel about the discipline you received?

58. 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:
- Physical abuse: _____
 - Sexual abuse: _____
 - Emotional abuse: _____
 - Parental neglect: _____

59. To what extent do you have any significant gaps in your memories of childhood and adolescence?

60. 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.
- Fear of the dark
 - Fear of bugs, spiders, snakes
 - Fear of being left alone
 - Fear of going to school
 - Fear of other animals
 - Other fears (please specify): _____

Description of fear(s) or phobia(s) and the effect on you:

61. How often did you lie to your teachers or parents? (Select category.)
- Rarely, if ever
 - Occasionally
 - Regularly
 - Often
 - Almost every day

62.	<p>How often did you steal or shoplift things as a child or adolescent? (Select category.)</p> <ul style="list-style-type: none"> <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.	<p>As a child or adolescent, did you have a best friend? Please describe:</p>
64.	<p>Describe your peer group as a pre-adolescent. Mark all categories that apply.</p> <ul style="list-style-type: none"> <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.	<p>Describe your peer group as an adolescent. Mark all categories that apply.</p> <ul style="list-style-type: none"> <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.	<p>How old were you when you first reached puberty?</p>
67.	<p>How old were you when you had your first romantic relationship?</p>
68.	<p>To what extent is your present sexual life satisfactory to you? If it is not, please describe:</p>
69.	<p>To what extent did you discuss sexual topics with your parents? Please describe:</p>

70.	<p>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:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
71.	<p>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:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
72.	<p>Has your sexual behavior ever caused you or anyone else any problems? If "YES", please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
73.	<p>I consider the following to have been true of me while I was a child. (Mark all that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Parent at home very little, absent</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Parents at home almost always, present</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Adult-like, overly serious</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Playful, child-like, immature</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Powerless, victim, target, helpless</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Powerful, capable, independent</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Vain, arrogant, pretentious</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Humble, polite, simple</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Sad, blue, pessimistic</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Optimistic, cheerful, hopeful</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Poorly read, uninformed</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Well-read, informed</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Uneducated, undereducated</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Well educated, overeducated</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Thoughtless, shallow, superficial</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Thorough, substantial, thoughtful</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Impulsive, inconsistent, distractible</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Ordered, consistent, planned</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Chaotic, unstable, unreliable</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Reliable, stable, orderly</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Closed, controlling</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Trusting, open</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Cold, distant, unavailable</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Available, warm, close</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Intrusive, disrespectful</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Respectful, considerate</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Critical, conditional</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Supportive, accepting</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Dishonest</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Especially honest</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Bully, angry, violent</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Victim, scapegoat, target</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Tense, worried, unsure</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Sure, secure, stable, calm</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Passive, meek, timid, frightened</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Confident, assertive, bold</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Self-centered, self-indulgent</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Generous, empathic</td> </tr> <tr> <td style="vertical-align: top; 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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):	
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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.)? Yes No
 If "YES," please describe:

110. Have you ever used any prescription medications in the past for more than two weeks? 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.					

111. Have you ever had a major head injury? Yes No
 If "yes," please describe each such occurrence, date of the injury, and whether you lost consciousness (and for how long you lost consciousness).

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? Yes No
 If "YES," please explain.

115. Do you smoke cigarettes or use other tobacco products? Yes No
 If "YES,"
 How much do you smoke/use daily? _____
 How long have you been smoking or using other tobacco products? _____
 Describe any attempts to quit.

Psychiatric History

116. Have you ever sought professional help or a self-help program for emotional problems? Yes 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? Yes 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? Yes No
 119. Have you ever attempted to kill yourself? Yes No
 120. Have emotional problems ever significantly interfered with your work and/or academic performance? Yes No
 121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation? Yes 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

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:

- received or sought out professional help for any emotional problem? Yes No
- been treated with medication for any emotional problem? Yes No
- received or sought out professional help for a drug or alcohol problem? Yes No
- had a history of untreated emotional and/or drug or alcohol problem? Yes No

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

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

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.

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.
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**.

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.

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



CHURCH PENSION FUND
Serving the Episcopal Church and Its People

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."

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

/
Phone Number/Fax Number

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.

 (Full signature of applicant)
 Signed at _____ in my presence, this _____ day of _____, _____.

 (Physician)

PATH
TO
CANDIDACY

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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:
The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206
Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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
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 [2015] for Ordination to the Diaconate or Title III, **or** Canon 8, Section 4 [2015] 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 name printed

c: The Rev. Mark Wright, Chair of the Commission on Ministry
The Rev. Dr. Jeremy Bergstrom, Canon for Vocations
your Rector/Vicar

Completed forms should be submitted to:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

PATH
TO
ORDINATION
TO THE
DIACONATE

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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
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 6, Section 6 [2015] for Ordination to the Diaconate or Title III, Canon 8, Section 6 [2015] 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 name printed

c: The Rev. Mark Wright, Chair of the Commission on Ministry
The Rev. Dr. Jeremy Bergstrom, Canon for Vocations
your Rector/Vicar

Completed forms should be submitted to:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

PATH
TO
ORDINATION
TO THE
PRIESTHOOD

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

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:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968

EPISCOPAL DIOCESE OF DALLAS
COMMISSION ON MINISTRY

**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
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 6 [2015] 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 granted Postulancy _____

Date granted Candidacy _____

Date ordained Deacon _____

Personal remarks here, if any

Sincerely yours,

Your name printed

cc: The Rev. Mark Wright, Chair of the Commission on Ministry
The Rev. Dr. Jeremy Bergstrom, Canon for Vocations
your Rector/Vicar

Completed forms should be submitted to:

The Chair of the Commission on Ministry
c/o Episcopal Diocese of Dallas
1630 N. Garrett Avenue
Dallas, Texas 75206

Phone: 214-826-8310 / fax: 214-826-5968