

The Handbook for Holy Orders

Forms

The Episcopal Diocese of Minnesota

Revised December, 2004

Form 1

Application for Holy Orders Diocese of Minnesota

In accordance with Title III, Canon 6.1 (a) and Canon 8.3 (a) of the Episcopal Church USA

Note: Please send all form originals to the Diocesan Bishop's office, attention: Coordinator of Vocations.

**To: The Rt. Rev. James L. Jelinek
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

Name: _____ Date of Birth: _____

Place of Birth: _____ Sex: Male Female

Address: _____

City/State/ZIP: _____ Email: _____

Telephones (including Area Code): Home: _____ Work: _____

Vocation (circle one): Priest Deacon

Congregation: _____

Sponsoring Priest: _____

Former Denomination (if applicable): _____

Date of Baptism: _____ Denomination: _____

By Whom: _____

When Confirmed/Received into the Episcopal Church: _____

Length of time as a resident in the Diocese of Minnesota: _____

Marital Status: Single Married Domestic Partner Divorced Widowed

Spouse's/Partner's Name (if applicable): _____

Children (list name, date of birth, age of each child):

Present situation and employment history (names, addresses, and dates). *You may attach a separate sheet with this information.*

Present employment: _____

Past employment: _____

Past employment: _____

Present Annual Income: _____

Property owned: Auto Home Furniture Other: _____

Two references (who are not relatives). Give names, addresses, and telephone numbers:

Education History:

High School: _____ Graduation date: _____

College: _____ Graduation date: _____

Major: _____ Degree: _____

Graduate Work: _____ Degree: _____ Date(s): _____

Please enclose transcripts with this form.

Previous applicant for Postulancy in this or any Diocese? No Yes Please give details:

Ordination in another denomination? No Yes Give details, include years of service:

Physical disabilities? No Yes Please give details:

Counseling/psychotherapy? No Yes Please give details:

Application Instructions:

Send a complete set of the following documents in one mailing to the Bishop's Office.

1. This application (Form #1)
2. A recent photograph.
3. A brief typewritten autobiographical essay (3 to 6 pages) that includes:
 - a. Your strengths and areas where you see the need for growth in character
 - b. The difference, as you see it, between Ministry of the Laity and Holy Orders.
 - c. Your participation in the Church throughout your lifetime and the leadership/ministry you performed.
 - d. Your family's feelings about your decision for ordination
 - e. The skills you bring to ordination that will help you earn a living
4. On a separate sheet, entitled "Sense of Call," describe your vocation to Holy Orders, which Order you seek, and your history of reflection on this vocation.
5. Official academic transcripts from any institutions of higher learning attended.
6. Letters of discernment from your congregational discernment committee (from each member and the chair/s).
7. Your report on your Supervised Ministry Project, or the synopsis of your previous ministry
8. A resume, if available.
9. Form #2 (Recommendation for Postulancy).
10. Form #3 (Waiver of Information).
11. Form #4 (Permission for Early Application to Seminary), if applicable.
12. 30-minute impromptu essay on ONE of the following three topics assigned by the Board of Examining Chaplains.

Please read the following direction carefully. On a separate sheet/s of paper you are to give a sample essay on one of the following choices. Please pick ONE topic and prepare a cogent handwritten essay. You have 30 minutes.

- 1. Choose someone who has been influential in your life. Describe that person in some detail and explain how that person has had an impact on your life – either positively or negatively. Help the reader to truly know that individual as a person.**
- 2. Write a set of directions on how to do something. Think of a skill that you possess. It may be as ordinary as sewing a button on a shirt or changing a furnace filter. It could address a hobby such as gardening or some other activity like launching a canoe.**
- 3. For many people a particular book has become a turning point in one’s life. Pick a book (Excluding the Bible) that has changed your life and explain how. What was it that the author said through the story and/or characters, if it is a work of fiction? If it is non-fiction, what was either the message of the book or the way in which the author expressed it that moved you? Make the reader know why this book is commendable.**

Acceptance of Nomination for Postulancy:

I, _____, accept the nomination of my congregation/faith community, _____, to apply for Postulancy in pursuit of ordination to Holy Orders.

(Signature) _____

(Date) _____

Form 2

Nomination by Vestry/Bishop's Committee Diocese of Minnesota

In accordance with Title III, Canon 6.1(a)(7) and Canon 8.3(a)(7) of the Episcopal Church USA

**To: The Rt. Rev. James L. Jelinek
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

Name of Congregation: _____

Date of Meeting: _____ Place: _____

We (Rector/Priest/Vicar and two-thirds majority of the Vestry/Bishop's Committee), whose names are hereunder written, nominate for Postulancy in the Holy Order of (please indicate Priesthood or Diaconate) _____ our member _____. He/she has been duly discerned by a committee of this congregation/faith community; and he/she is a communicant of this Congregation in good standing for a minimum period of 1 year before discernment began. We do furthermore recommend further discernment of the Nominee for Holy Orders by the Diocese, and admission as a Postulant for Holy Orders. We base our decision on the attached documentation and recommendation of the Local Discernment Committee.

Furthermore, we, as a congregation/faith community, commit to involving ourselves in the preparation of our nominee for ordination.

Signed: _____

Priest: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of _____ Congregation, _____ duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee. **The nominee may not sign this form. (III.5.2(a))**

Signed: _____, Clerk/Secretary of Vestry/Bishop's Committee

Please attach recommendation of the Congregational Discernment Committee.

Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons [Title III, Canon 5.2(a)]. See also Title III Canons 5, 6, 7, 8, and 9 for a complete understanding of the Ministry Canons of the Episcopal Church USA.

Note: Please send all form originals to the Diocesan Bishop's office to the attention of the Coordinator of Vocations.

Form 3

Waiver of Information Diocese of Minnesota

To: **The Rt. Rev. James L. Jelinek**
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

I, _____, a Nominee for Holy Orders in the Episcopal Church, give my permission to the Bishop of the Episcopal Diocese of Minnesota to share reports of my physical examination, psychological evaluation, and psychiatric evaluation, along with my application for Postulancy and supporting material, my CPE evaluations, my supervised field education evaluations, and my transcripts from a theological seminary, with the Suffragan Bishop or Bishop Coadjutor of the Diocese (if applicable), the Coordinator of Vocations, the Chairs of the Commission on Ministry, and the President of the Standing Committee of this Diocese.

I, _____, a Nominee for Holy Orders in the Episcopal Church, further give my permission to the Bishop of the Episcopal Diocese of Minnesota to share my application for Postulancy along with supporting material supplied by me or my congregation, excluding the physical examination, the psychological evaluation, the psychiatric evaluation, and the background check, with the Discernment Committee of the Commission on Ministry, and the Examining Chaplains.

I, _____, a Nominee for Holy Orders in the Episcopal Church, further give my permission to the psychological and psychiatric examiners/evaluators, to exchange information about me with each other for the purposes of a full and comprehensive assessment for Holy Orders.

Signature: _____

Date: _____

Send the original signed copy to the Episcopal Church of Minnesota.

Give copies of this waiver to:

- *The physician for your physical examination*
- *The psychologist for your psychological evaluation*
- *The psychiatrist for your psychiatric evaluation*

Note: Please send all form originals to the Diocesan Bishop's office.

Form 4

Request for Early Application to Seminary Diocese of Minnesota

To: The Rt. Rev. James L. Jelinek
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

I, _____, a nominee for Holy Orders from the congregation/faith community of _____ in _____, request your permission to apply for seminary prior to be granted Postulancy in the Diocese of Minnesota.

With a full understanding that if I am not granted Postulancy in this Diocese I will withdraw my application from the seminary, I request this exception for the following reasons.

I am interested in this seminary, _____, for the following reasons:

Signature of Nominee: _____

Date: _____

Signature of Sponsoring Priest: _____

Date: _____

Signature of Chair of Local Discernment Committee: _____

Date: _____

Form 5
Medical Examination
Diocese of Minnesota

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

To: The Rt. Rev. James L. Jelinek
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

Name: _____ Date of Birth: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): Home: _____ Work: _____

Email Address: _____

Physician: _____

Address: _____

City/State/ZIP _____

Telephone (including Area Code): _____

Notify in case of illness/accident: Name: _____

Telephone: _____

NEW FORM COMING FROM CPG

Note: Please send all form originals to the Diocesan Bishop's office.

Form 6

Psychological Evaluation

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

**To: The Rt. Rev. James L. Jelinek
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

Name of Nominee/Postulant/Candidate: _____

Date of Examination: _____

Name of Psychologist/Examiner: _____

Signature: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): _____

Note to Psychologist: *Please attach narrative to this form, responding to the following questions/concerns.*

1. Does the person possess sufficient intellectual ability to be able to deal with the academic work required and to apply the knowledge gained?
2. Do the person's work interests appear to coincide with the work of Holy Orders?
3. Does the person possess capacity for close and satisfactory human relations, as would be required for the work of Holy Orders?
4. Are there any indications of problems in the sexual adjustment of the person that may lead to difficulties in the work of Holy Orders?
5. Are there serious maladjustments or limitations in the personality or functioning of the person that would disqualify him/her for Holy Orders?
6. Is there any evidence of current serious psychopathology, or are there signs in the current functioning of the person that would suggest that she/she may become dysfunctional under the usual pressures of clerical life?
7. What is your overall impression of the likelihood of the person's emotional and behavioral stability in the work of Holy Orders?

Note: Please send all form originals to the Diocesan Bishop's office.

Form 7

Psychiatric Evaluation

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

**To: The Rt. Rev. James L. Jelinek
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

Name of Nominee/Postulant/Candidate: _____

Date of Examination: _____

Name of Psychiatrist: _____

Signature: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): _____

Note to Psychiatrist: Please attach to this Form your psychiatric assessment/evaluation of the person, in particular regarding the following questions.

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the person for the ordained ministry in the Episcopal Church?
2. Are there signs in the present behavior of the person that suggest that, in your opinion, this person may become ill under the pressure of clergy life?
3. What is your impression of the person's ability to respond adequately and appropriately to the emotional demands placed upon him/her by the work of the ordained ministry?
4. What is your impression of the likelihood of the person becoming unstable or dysfunctional as a result of nervous strain engendered by the role of the ordained minister?

Note: Please send all form originals to the Diocesan Bishop's office.

Form 8

Postulant's Application for Candidacy for Permanent Diaconate

To: **The Rt. Rev. James L. Jelinek**
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

I, _____, a Postulant for the Diaconate in the Episcopal Church, respectfully apply for recommendation to the Bishop of Minnesota for admission as a Candidate for the Permanent Diaconate and submit the letters/documents required by the Canons of the Church.

Signed: _____ Date: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): Home: _____ Work: _____

Email Address: _____

Send this application with the following documents to the Diocese, with copies to the Commission on Ministry:

1. Letter of Postulancy from the Bishop
2. Letter of acceptance of the Postulant from the head of the Diaconal Formation Program.

Note: Please send all form originals to the Diocesan Bishop's office.

Form 9

Postulant's Application for Candidacy for Priesthood

To: **The Rt. Rev. James L. Jelinek**
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

I, _____, a Postulant for the Priesthood in the Episcopal Church, respectfully apply for recommendation to the Bishop of Minnesota for admission as a Candidate for the Priesthood and submit the letters/documents required by the Canons of the Church.

Signed: _____ Date: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): Home: _____ Work: _____

Email Address: _____

Send this application with the following documents to the Diocese, with copies to the Commission on Ministry:

1. Letter of postulancy from the Bishop
2. Reaffirmation from Rector/Priest/Vicar and Vestry/Bishop's Committee (Form 10)
3. Evaluation and recommendation of theological school or director of the program of preparation, with report of Postulant's personal qualifications
4. Clinical Pastoral Education supervisor's evaluation letter
5. Self-evaluation
6. Seminary transcript
7. Field education supervisor's evaluation at the end of your first year

Note: Please send all form originals to the Diocesan Bishop's office.

Form 10

Recommendation for Candidacy for Priesthood Diocese of Minnesota

In accordance with Title III, Canon 8.5(a)(2)

To: **The Rt. Rev. James L. Jelinek**
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

Name of Congregation: _____

Date of Meeting: _____ Place: _____

We (Rector/Priest/Vicar and two-thirds majority of the Vestry/Bishop's Committee), whose names are hereunder written, testify to the best of our belief and personal knowledge that _____ is a communicant of this Congregation in good standing. We do believe, based on personal knowledge or evidence satisfactory to us, that this person is sober, honest, and godly. We do furthermore recommend admission as a Candidate for the Priesthood.

Signed: _____

Priest: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of _____ Congregation, _____ duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: _____ Clerk/Secretary of Vestry/Bishop's Committee

Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.1 (c).

Note: Please send all form originals to the Diocesan Bishop's Office.

Form 11

Candidate's Application for Ordination to the Diaconate Diocese of Minnesota

In accordance with Title III, Canons 6 and 8 of the Episcopal Church USA

**To: The Standing Committee
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

I, _____, a Candidate for Holy Orders in the Episcopal Church, seeking the: diaconate / presbyterate, respectfully apply for recommendation for Ordination to the Diaconate, and submit the necessary documents required by the Canons of the Church.

Signed: _____ Date: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): Home: _____ Work: _____

Email Address: _____

Date of Birth: _____

Send this application with the following documents to the Standing Committee, with copies to the Bishop and the Commission on Ministry:

1. For persons seeking the Permanent Diaconate, please include the following.
 - a. A statement of how you intend to exercise the ministry of a Deacon in both the Church and the world and that there is no intent to apply for ordination to the priesthood
 - b. Letters from the Bishop declaring Postulancy and Candidacy
 - c. Letter of Recommendation from Priest and Vestry/Bishop's Committee (Form 12)
 - d. Self-evaluation and supervisor's evaluation from Pastoral Care Program
 - e. Self-evaluation and supervisor's evaluation from field education site.
2. For persons seeking the Priesthood, please include the following:
 - a. Letters from the Bishop declaring Postulancy and Candidacy
 - b. Letter of Recommendation from Priest and Vestry/Bishop's Committee (Form 12)
 - c. A Letter of Recommendation from the theological school or from those under whose direction the Candidate has been pursuing studies.
 - d. Seminary transcript
 - e. Field education supervisor's evaluation letter at end of your second year

Note: Please send all form originals to the Diocesan Bishop's office.

Form 12

Recommendation for Ordination to the Diaconate Diocese of Minnesota

In accordance with Title III, Canon 6 and 8 of the Episcopal Church USA

To: **The Standing Committee**
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

Name of Congregation: _____

Date of Meeting: _____ Place: _____

We do certify that, after due inquiry, we are well assured and believe that _____, for the last 3 years has lived a sober, honest and godly life, and is loyal to the Doctrine, Discipline, and Worship of this Church, and does not hold anything contrary thereto. And, moreover, we think _____ a person worthy to be admitted to the Sacred Order of Deacons.

Signed: _____

Priest: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that _____ is a member of _____ Congregation in _____ and a confirmed adult communicant in good standing; that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of _____ Congregation, _____, duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: _____, Clerk/Secretary of Vestry/Bishop's Committee

Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.1 (c).

Note: Please send form originals to the Diocesan Bishop's office.

Form 13

Application for Ordination to the Priesthood Diocese of Minnesota

In accordance with Title III, Canon 8.7 (b)

**To: The Standing Committee
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242**

I, _____, a Deacon and Candidate for ordination to the Priesthood in the Episcopal Church, respectfully apply for recommendation for ordination to the Priesthood, and submit the necessary documents required by the Canons of the Church.

Signed: _____ Date: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): Day: _____ Evening: _____

Email Address: _____

Date of Birth: _____

Send this application with the following documents to the Standing Committee, with copies to the Bishop and the Commission on Ministry:

1. Letters from the Bishop declaring Postulancy, Candidacy, and Ordination to the Diaconate
2. Letter from the Vestry/Bishop's Committee and Rector/Vicar/Priest of the congregation to which you are assigned (Form 14)
3. Letter from Deacon regarding Diaconate ministry experience
4. Letter of evaluation from supervising Priest/Mentor

Note: Please send all forms to the Diocesan Bishop's office.

Form 14

Recommendation for Ordination to the Priesthood Diocese of Minnesota

In accordance with Title III, Canon 8.7(b)(2)

To: **The Standing Committee**
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

Name of Congregation: _____

Date of Meeting: _____ Place: _____

We do certify that, after due inquiry, we are well assured and believe that The Rev. _____, Deacon since the ____ day of _____, in the year _____, being the date of ordination to the Diaconate (or for at least 3 years), has lived a sober, honest, and godly life, and has not written, taught, or held anything contrary to the Doctrine, Discipline, and Worship of this Church. And, moreover, we think The Rev. _____ is a person worthy to be admitted to the Sacred Order of Priests.

Signed: _____

Priest: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that The Rev. _____ is a member of _____ Congregation in _____; that the foregoing certificate was signed at a meeting of the Vestry/Bishop's Committee of _____ Congregation, _____, duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop's Committee.

Signed: _____, Clerk/Secretary of Vestry/Bishop's Committee

Note: No person seeking Holy Orders shall sign any of the certificates prescribed by the Canons, Title III, Canon 5.1 (c).

Note: Please send all form originals to the Diocesan Bishop's office.

Form 15

Outcome of Local Discernment

To: **The Rt. Rev. James L. Jelinek**
ATTN: Coordinator of Vocations
The Episcopal Diocese of Minnesota
1730 Clifton Place, #201
Minneapolis, MN 55403-3242

To whom it may concern:

I, _____, Chair of the Local Discernment
Committee for (name of explorer) _____
at (name of congregation) _____
do report that the committee has discerned this person for (*circle one*):

- Lay Ministry
- Monastic Orders
- Diaconate
- Priesthood

Or has discontinued the process because of _____

(Signature of Chair) _____

(Date) _____

(Signature of Sponsoring Priest) _____

(Date) _____

Note: Please attach a copy of your letter of discernment outcome that was sent to the Vestry or Bishop's Committee.