



# The Episcopal Diocese of Southwest Florida

## Application for Ordained Ministry License

The information requested in this application is required for administrative in-house procedures and is not in any way intended to duplicate canonical process.

### Please Print Clearly

Check this box if this is a request for a license renewal.

\_\_\_\_\_

Title Last Name First Name Middle Name Suffix

\_\_\_\_\_ (month/day/year) \_\_\_\_\_ Male:  Female:

Date Of Birth Place of Birth Social Security Number

Home Address (including City, State, Zip Code)

\_\_\_\_\_

Alternative Address (if different from above)

\_\_\_\_\_

E-mail Address Home Phone Cell Phone

\_\_\_\_\_

Educational Background: Give the following information on each college or university attended, including present course of study if currently enrolled.

Name	Years Enrolled – From/To	Major Subjects	Degree Attained

Ordination Date: Deacon: \_\_\_\_\_ (month/day/year) in the Diocese of \_\_\_\_\_

Ordination Date: Priest: \_\_\_\_\_ (month/day/year) in the Diocese of \_\_\_\_\_

Diocese of Canonical Residence: \_\_\_\_\_

Diocese in which you currently serve: (if different) \_\_\_\_\_

Current or Last Held Position Church/Institution, City

\_\_\_\_\_

Date Current/Last Ministry began: \_\_\_\_\_ (month/day/year) or Date of Retirement \_\_\_\_\_ (month/day/year)

Marital Status: Never Married:  Married:  Separated:  Divorced:  Widowed:

Number of Marriages: One:  Two:  Three or more:

Current Spouse's Last Name First Name Middle Name

\_\_\_\_\_

Current Spouse's Date of Birth: \_\_\_\_\_ (month/day/year) Wedding Date: \_\_\_\_\_ (month/day/year)

List all former marriages: (use additional sheet if necessary)

- 1) \_\_\_\_\_ (month/day/year) \_\_\_\_\_ (month/day/year)  
Former Spouse's Name Wedding Date Divorce Date
- 2) \_\_\_\_\_ (month/day/year) \_\_\_\_\_ (month/day/year)  
Former Spouse's Name Wedding Date Divorce Date
- 3) \_\_\_\_\_ (month/day/year) \_\_\_\_\_ (month/day/year)  
Former Spouse's Name Wedding Date Divorce Date

List below the members of your immediate family (i.e. Children):

Name (Last Name/First Name)	Date of Birth _____ (month/day/year)	Spouse's Name if Married _____
Name (Last Name/First Name)	Date of Birth _____ (month/day/year)	Spouse's Name if Married _____
Name (Last Name/First Name)	Date of Birth _____ (month/day/year)	Spouse's Name if Married _____
Name (Last Name/First Name)	Date of Birth _____ (month/day/year)	Spouse's Name if Married _____
Name (Last Name/First Name)	Date of Birth _____ (month/day/year)	Spouse's Name if Married _____
Name (Last Name/First Name)	Date of Birth _____ (month/day/year)	Spouse's Name if Married _____

**Indicate the type of license you require by placing an "X" in the appropriate box.**

<input type="checkbox"/>	Assistant (full-time priest or full-time transitional deacon)	<input type="checkbox"/>	Rector
<input type="checkbox"/>	Assisting Priest (less than full time and/or retired)	<input type="checkbox"/>	Vicar
<input type="checkbox"/>	Interim	<input type="checkbox"/>	Vocational Deacon, active
<input type="checkbox"/>	Priest-in-Charge	<input type="checkbox"/>	Vocational Deacon, retired

**Answer all of the following questions:**

1.	The Bishop expects chastity in marriage as outlined on page 422 of the Book of Common Prayer. <b>Do you understand and intend to live within this discipline?</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.	<b>Are you currently drawing a pension from the Church Pension Fund?</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3.	<b>If not already canonically resident, are you seeking to become canonically resident?</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/> <b>NOTE:</b> Transfer of canonical residence applies to full-time priests only. The Bishop will license (but not accept Letters of Dimissory for) deacons, part-time priests or clergy in retirement.
4.	<b>Do you commit, so long as you are licensed in the Diocese of Southwest Florida, to make an annual report by March 1 of each year (by submitting either a "parochial report" or "report of retired, non-parochial and licensed clergy") on your activities during the previous year?</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
5.	<b>With which congregation are you affiliated in the Diocese of Southwest Florida?</b> _____ Name of Church, City
6.	<b>Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Yes: <input type="checkbox"/> No: <input type="checkbox"/></b> If yes, please explain (use additional sheets if necessary): _____ _____ _____ _____

7. **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?**  
**Yes:**       **No:**   
 If yes, please explain (use additional sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. **Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials?**  
**Yes:**       **No:**   
 If yes, please explain (use additional sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. **Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?**  
**Yes:**       **No:**   
 If yes, please explain (use additional sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This Section must be completed before a license can be issued. Certifications more than five (5) years old are considered expired.**

<b>Date:</b>	<b>List of Requirements</b> <i>Please provide copies where possible</i>
_____ (month/day/year)	Meeting with the Bishop and/or Canon to the Ordinary for initial license applications. If you have already met with the Bishop and/or Canon to the Ordinary, please note the date of the meeting. (This may also be required for renewal license applications).
_____ (month/day/year)	Letter of good standing from the diocese of canonical residence. (This is not required for license renewals).
_____ (month/day/year)	Background Checks have a validity of 5 years in this Diocese. Please provide the date of your last background check. _____ (This must be completed before a license will be issued).
_____ (month/day/year)	Safe-church Training has a validity of 5 years in this Diocese. If expired, renewal is required within three (3) months of the date of the issuance of the license.
_____ (month/day/year)	Anti-racism Training – (Currently not available in the diocese). If you have had this training, please provide the date.
_____ (month/day/year)	<b>For retired or non-canonical clergy only.</b> A letter of support from a Rector/Vicar/Priest-in-Charge in the Diocese of Southwest Florida.

**STATEMENT OF THE APPLICANT**  
*(Please read carefully before signing)*

1. All Information submitted by me in this Application is true to the best of my knowledge.
  
2. I understand that any significant misstatement in, or omission from, this form may be cause for denial of licensure.
  
3. I understand and agree that I will notify the Bishop 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 clergy.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note that only applications signed in the original will be accepted. Illegible or incomplete applications will be returned.**

**Please ensure that you complete all attachments and send these together with this application form and copies of the required documentation to:**

**Diocese of Southwest Florida**  
**Attention: The Rev. Canon Michael P. Durning**  
**7313 Merchant Court**  
**Sarasota, FL 34240**

**Questions may be directed to:**  
**The Rev. Canon Michael P. Durning at [mdurning@episcopalswfl.org](mailto:mdurning@episcopalswfl.org) or by calling (941) 556-0315 Ext. 271.**

**FOR OFFICE USE ONLY**

<i>Date</i>	
	Application received - TS
	Diocesan Reference - MPD
	Application Review Complete - MPD
	License Prepared – TS
	License Signed by Bishop - JN
	ACS Updated - LH





# BACKGROUND CHECK FORM

PLEASE PRINT CLEARLY

<b>APPLICANT</b>	<b>Complete This Section</b>	Please check all that apply:      Conviction: <input type="checkbox"/> Credit: <input type="checkbox"/> Driving: <input type="checkbox"/>				
		Last Name:		First Name:		Middle Name:
		Former Last Name: (If applicable)		Ordnained Person: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Times Married:
		Current Address:				
		City:		State:	Zip Code:	County:
		Social Security Number:		Race/Sex:	Date Of Birth:	
		Drivers License Number:		State Of Issue:	Home/Cell Phone:	
		Previous Address: (5 Year History)				
		2 <sup>nd</sup> Last Street Address:				
		City:		State:	Zip Code:	County:
3 <sup>rd</sup> Last Street Address:						
City:		State:	Zip Code:	County:		
<b>APPLICANT</b>	<b>Read Carefully &amp; Sign</b>	<p><b>AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS, OR MOTOR VEHICLE REPORTS.</b> For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries to Merchants Security Exchange ("MSE"), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MSE by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MSE to disseminate such report(s) to Employer. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to MSE as Employer may from time to time, deem necessary for employment purposes. I also hereby authorize MSE, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Employers inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MSE's dissemination of any such report(s). I hereby generally release and fully discharge MSE every such governments agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by MSE. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling MSE at the address or telephone numbers listed below.</p>				
		(X) _____		_____		
		<b>Signature of Applicant</b>		<b>Date</b>		
<b>EMPLOYER</b>	<b>Please Print</b>	Church Name:				
		Address:				
		City:		State:	Zip Code:	
		Telephone Number:		Fax Number:		
		Authorized Employer Representative: (Last Name, First Name)				
		<p><b>Company's Certification:</b> Company hereby certifies to Merchants Security Exchange that it is requesting a consumer credit report(s) on the applicant named above and that Company will use that report(s) for employment purposes.</p>				

Send to: Diocese of Southwest Florida, ATTN: Tana Sembiante, 7313 Merchant Court, Sarasota FL 34240 or Fax to (941) 556-0321  
 Questions: Call 941-556-0315 / 800-992-7699 Ext. 271

Company Name Diocese SW FL (EMP)

Member # P5030881

## EDUCATION VERIFICATION REQUEST

I authorize, the Diocese of Southwest Florida, its agents, and the below named educational institutions to conduct a verification of my educational record information as indicated below. I understand that misrepresentations or material omission of any facts is cause for dismissal, whenever such falsification is discovered. I release all persons involved in this search from liability or damages incurred as a result of this inquiry and furnishing this information.

Applicant Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

### **Verification #1 (Starting with the most recent)**

Educational Institution \_\_\_\_\_

City/State \_\_\_\_\_

Phone # of Educational Institution \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree(S) Earned \_\_\_\_\_ Graduation Date \_\_\_\_\_

### **Verification #2 (second most recent)**

Educational Institution \_\_\_\_\_

City/State \_\_\_\_\_

Phone # of Educational Institution \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree(S) Earned \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Verification #3**

Educational Institution \_\_\_\_\_

City/State \_\_\_\_\_

Phone # of Educational Institution \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree(S) Earned \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Verification #4**

Educational Institution \_\_\_\_\_

City/State \_\_\_\_\_

Phone # of Educational Institution \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree(S) Earned \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Verification #5**

Educational Institution \_\_\_\_\_

City/State \_\_\_\_\_

Phone # of Educational Institution \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree(S) Earned \_\_\_\_\_ Graduation Date \_\_\_\_\_