



# Application for Candidacy in the Order of Deaconesses

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Middle Last Mo. Day Year*
2. Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_
3. Current Employer \_\_\_\_\_ Day Phone \_\_\_\_\_
4. Parish \_\_\_\_\_ Church Phone \_\_\_\_\_  
Address \_\_\_\_\_ Rector/Vicar \_\_\_\_\_
5. How long have you been a member of the above Parish? \_\_\_\_\_
6. How long have you been a member of the Reformed Episcopal Church? \_\_\_\_\_
7. How long have you been resident in this Diocese? \_\_\_\_\_
8. Baptized (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & Place \_\_\_\_\_  
By Whom? \_\_\_\_\_ **(Attach Certificate or other verification)**
9. Confirmed (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Church & Place \_\_\_\_\_  
By Bishop \_\_\_\_\_ of (Jurisdiction) \_\_\_\_\_  
**(Attach Certificate or other verification)**
10. Admitted to the Holy Communion \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_
11. Have you ever applied for admission as a candidate for the Order of Deaconesses in any other Diocese, Missionary District, or any other jurisdiction, denomination, or church? If so, please indicate below where and when such application was made:  
  
What was the disposition of that request?  
  
  
  
12. A.) What Lay positions have you held? **(Check all that apply)**  
Altar Guild  Women's Ministry  Teacher  Vestry  Warden  Parish Council   
Choir  Catechist  Youth Ministry  Short Term Missions  Campus Ministry   
Other  **(Explain)**  
  
B.) What do you think are your gifts for ministry as a Deaconess?  
  
  
  
13. On separate page(s) please indicate the grounds on which you are moved to seek the office of Deaconess. Be as specific as you can.

## Family Information

14. Married  Single  Widow  Divorced

15. Husband's name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

When / where baptized \_\_\_\_\_ Denomination \_\_\_\_\_

When / where confirmed \_\_\_\_\_ By whom \_\_\_\_\_

16. Children at home: (List below)

<u>Name</u>	<u>Date of Birth</u>	<u>Baptized</u>	<u>Confirmed</u>
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17. Is your husband supportive of your desire to seek the office of Deaconess?

18. Is he a member of the Reformed Episcopal Church, active in a local congregation?

19. Husband's educational background. Check highest level attained.

High School  Undergraduate College  Bachelor's Degree  Advanced Degree

Field of Study: \_\_\_\_\_

20. What, if any, gifts for ministry do you think your husband possesses?

*Note that at the request of the Bishop, a meeting with both the applicant and her husband may be requested as part of the discernment process.*

## Educational Background

List every institution of higher learning in the spaces below beginning with the most recent and working backwards to the oldest. Attach copies of transcripts.

<b>Institution Attended</b>	<b>Dates (from / to)</b>	<b>Field of Study</b>	<b>GPA</b>	<b>Degree Awarded</b>

Use additional sheets if needed.

## Employment History

List every employer in the spaces below beginning with the most recent and working backwards to the oldest.

<b>Employer</b>	<b>Dates</b>	<b>Position</b>	<b>Duties</b>	<b>Telephone Number</b>

Use additional sheets if necessary.

## Background Questionnaire

*Please answer truthfully. No answer will automatically disqualify an applicant. Failure to disclose negative information will result in disciplinary action or dismissal.*

1. Excluding minor traffic violations, have you ever been arrested for a felony or misdemeanor?  
Yes  No  Date \_\_\_/\_\_\_/\_\_\_ What was the result of this arrest?
  
2. Have you ever been terminated from employment for theft, moral turpitude, or other wrongful behavior? Yes  No  What were the circumstances?
  
3. Have you ever been under the care of a Psychiatrist or Psychologist ?  
Yes  No  What were the dates and circumstances?
  
4. Have you ever been treated for Drug and/or Alcohol Abuse?  
Yes  No  If yes, please give details and dates.
  
5. Do you have any serious or debilitating illness which has been previously diagnosed and which might prevent you from fulfilling your duties as a Deaconess? Yes  No  If yes, explain.
  
6. Would compensation be necessary for your well-being in order to serve in this office?  
Yes  No   
  
If yes, would you be willing to work outside the Church in order to serve where needed should it be necessary to do so? Yes  No

## References

*List the name of your Rector or Minister in Charge of the parish you attend, and a minimum of two women communicants of the Church who have known you for at least three years and who have attested to your basic character and Christian walk in testimonial letters concerning your fitness for the duties of a Deaconess. (The letter of recommendation from the Rector or Minister in Charge of your parish must include a declaration that you are a communicant of the Church in good standing.)*

Name	Address	Telephone #

*Attach testimonials*

**Bishop' Evaluation of Applicant  
For Deaconess Candidate**

**Name** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

1. Notes on meeting with Applicant on \_\_\_/\_\_\_/\_\_\_ Was Applicant's clergyman present?

2. Medical Examination: Requested  Waived

3. Psychological Examination: Requested  Waived

4. Meeting with husband? Requested  Waived

5. Other

Applicant is *Accepted*  *Rejected*  for Candidacy on \_\_\_/\_\_\_/\_\_\_ .

**Reason(s) for decision:**

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*Bishop*