



Application *

for Candidacy in the Order of Deaconesses

[* An application fee of \$200 is required: (Background check \$175 / Administrative fee \$25).

Please make check payable to: Church of the Holy Communion. See further instructions at the end of the form.]

1. Name _____ Date of Birth ____/____/____
 First *Middle* *Last* *Mo. Day Year*

2. Current Address _____ Home/Mobile Phone _____

3. Current Employer _____ Work 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.

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

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.

Employer	Dates	Position	Duties	Telephone Number

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

Please mail your application and fees to the office of the Bishop Ordinary for the Diocese to which you are applying. Checks for the application fee should be made payable to: Church of the Holy Communion.

Diocese of the Central States:

The Rt. Rev. Daniel R. Morse
511 Rochelle Dr.
Nashville, TN 37220

Diocese of Mid-America:

The Most Rev. Ray R. Sutton
Pro-Cathedral Church of the
Holy Communion
17405 Muirfield Dr.
Dallas, TX 75287

**Diocese of the Northeast &
Mid-Atlantic:**

The Rt. Rev. David Hicks
826 Second Avenue
Blue Bell, PA 19422-1257

Diocese of the Southeast:

The Rt. Rev. Alphonza Gadsden
705 South Main Street
Summerville, SC 29483-5911

**Bishop's 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:

Bishop