

EPISCOPAL DIOCESE OF FORT WORTH

**APPLICATION FOR POSTULANCY FOR THE DIACONATE**

DATE OF APPLICATION:		
<b>PERSONAL INFORMATION</b>		
First/Middle/Last Name:		
Permanent mailing address:	Current address ( <i>if different from permanent</i> ):	
<b>PHONE NUMBERS</b>		
Home:	Work:	Cell:
E-mail:		
Date of birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
<b>RELIGIOUS INFORMATION</b>		
How long have you been considering the possibility of ordained ministry?		
Sponsoring congregation and city:		
Length of time as member of sponsoring congregation:		
How long have you been an Episcopalian?		
Year of Baptism:	Date of Confirmation/Reception in E.C.:	
Any previous religious affiliation(s) and dates:		
Have you previously been nominated for postulancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		
<b>SPOUSE</b>		
Current Domestic Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed (If so, for how long? ____) <input type="checkbox"/> Married (If so, for how long? ____)		
Spouse's name:		
Spouse's occupation:		
Spouse's religious affiliation:		
Spouse's previous religious affiliation(s):		
Are you: <input type="checkbox"/> separated If so, as of when? <input type="checkbox"/> divorced? If so, for how many years? <span style="float: right;">If so, how many times?</span>		

**EDUCATION**

High School Graduate:  Yes  No      If NO, years completed:

Post-Secondary Education (*any current & previous*):

Institution (School Name and City/State)	Degree and Major Subject	Dates

**OCCUPATION**

Current occupation:

Occupation	Employer	Dates

Former occupation(s):

Occupation	Employer	Dates

MILITARY SERVICE			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, branch:		Honorably discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	
FAMILY			
Father's occupation:		Father's religious affiliation:	
Mother's occupation:		Mother's religious affiliation:	
Number of brothers:	Number of sisters:	Your birth order:	
If you have children, list:			
Name	Age	Gender	Still Living at Home
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other family members living in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, list:			
Name	Age	Gender	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

**ACTIVITIES**

**List major hobbies, interests, and pastimes:**

**List principal church activities:**

**List community service, volunteer, or political work:**

**Request for Postulancy**

**I request admittance as a postulant for the Diaconate. I understand that in making this request, I am putting myself under the authority of the Bishop and under the direction of the Commission on Ministry.**

**I understand that, should I be ordained, I will be required to make the following promises and vows (*Book of Common Prayer* pages 524-535):**

*I will be loyal to the doctrine, discipline and worship of Christ as this Church has received them.*

*In accordance with the canons of this Church, I will obey my bishop and all other ministers who may have authority over me and my work.*

*I will respect and be guided by the pastoral direction and authority of my bishop.*

*I will be diligent in the reading and study of Holy Scriptures and seeking the knowledge of such things as may make me a stronger and more able minister of Christ.*

*I will endeavor so to minister the Word of God and the sacraments of the New Covenant, that the reconciling love of Christ may be known and received.*

*I will undertake to be a faithful pastor to all whom I am called to serve, laboring together with them and my fellow ministers to build up the family of God.*

*I will do my best to pattern my life (and that of my family or household or community) in accordance with the teachings of Christ, so that I may be a wholesome example to my people.*

*I will persevere in prayer, both in public and private asking God's grace, both for myself and for others, offering all my labors to God, through the mediation of Jesus Christ and the sanctification of the Holy Spirit.*

**I further understand that, should I be ordained, I will be required to sign the following declaration:**

*I solemnly declare that I do believe the Holy Scriptures of the Old and New Testament to be the Word of God and to contain all things necessary to salvation; and I do solemnly engage to conform to the doctrine, discipline and worship of the Episcopal Church.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I give my full permission for the confidential information disclosed on this form to be given to all persons who will be a part of my process. (*Confidential* here means that those who need to know for purposes of evaluation will have access to this document.)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Revised: June 13, 2012**

**Include the following with your application:**

**Autobiographical Sketch**

In your essay, consider it as a spiritual autobiography. A reflective view of your spiritual journey. Outline the major influences and events of your life, especially what has led you to your participation in this discernment process. Be sure to include information such as family and personal circumstances and your age at the time of a major event. Use no more than 5 typed pages single-spaced or 10 typed pages double-spaced. Include your name and the date at the top of each page.

**Vision Statement**

In a brief typed essay of no more than two pages double-spaced, articulate your vision of your future ministry as you discern it to be at this moment. Please answer the following questions within this essay:

- What is the role of a priest and deacon, and how are the two orders different?
- What type of ministry do you contemplate?
- What are your plans for theological education?
- If applicable, how does your spouse view your vocational aspirations?
- If applicable, what plans have you for your family during your education, training and ministry?

## SELF-DISCLOSURE STATEMENT

[To be seen by the Bishop and Chair of the Commission on Ministry only.]

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clergy and their families lead very public lives. Just as is true of any other human beings, clergy are affected by illness and other stresses. The purpose of this questionnaire is to enable the Bishop of Fort Worth to be able to best assist you in all aspects of your clerical formation. If answering this questionnaire raises issues for you that you would like to discuss privately and confidentially, you are urged to call and make an appointment with the Bishop, 817-534-1900.

1.	Are you aware of any physical, mental, or emotional condition that might limit your ability to work with a congregation or perform the other duties expected of a cleric? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the nature of the condition and how we might accommodate it.
2.	Are you, or are any of your friends, family members, or co-workers concerned about your patterns of alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
3.	Do you think you may have a problem with the use of any drugs – prescription, over the counter, or illicit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
4.	In the past ten years, have you been charged with any crimes which have caused, or might cause, distress or concern within a congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
5.	In the past ten years, have you been convicted of any violation of any law or ordinance (except minor and infrequent traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
6.	Do you believe there is anything in your background, beliefs, or behavior that might cause distress or concern within a congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
7.	Are you, or are any family members, friends, or co-workers concerned about your use of money and credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
8.	Are you, or are any family members, friends, or co-workers concerned about your patterns of gambling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
9.	Do you think that any members of your family or persons in your present or any prior congregation or work situation would believe that you should have answered yes to questions one through eight? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
10.	Have you ever been Suspended, Deposed, or otherwise formally disciplined by an Ecclesiastical Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

I affirm that the questions on this and the previous pages have been answered honestly, completely, and to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date