



APPLICATION FOR CANDIDACY IN THE ORDER OF DEACONESSSES

Mail or email PDF to the Bishop Ordinary.

Once an applicant's provided references are checked and cleared, the applicant will be required to submit to a background check and background referencing by Oxford Document Management at the applicant's expense. The office of the Ordinary will inform the applicant of the current cost and procedure.

Full Legal Name: _____ Date of Birth: _____

Address: _____ Email: _____

Mobile Phone: _____ Home Phone: _____

Current Employment/Employer: _____

Parish: _____ Rector/Vicar: _____

Church Address: _____ Phone: _____

How long have you been a member of this Parish? _____ And of the REC? _____

How long have you been resident in this Diocese? _____

Baptized: Date _____ Church and Location _____

By whom? _____ (Attach certificate or other verification.)

Confirmed: Date _____ Church and Location _____

By Bishop _____ Of (jurisdiction) _____
(Attach certificate or other verification.)

Admitted to the Holy Communion: Date _____ Location _____

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? _____

What Lay positions have you held? (Check all that apply.)

Lay Reader ☐ Acolyte ☐ Lector ☐ Teacher ☐ Vestry ☐ Warden ☐ Parish Council ☐
Choir ☐ Catechist ☐ Youth Ministry ☐ Short-term Missions ☐ Campus Ministry ☐
Other (Explain)

What do you think are your gifts for ministry as a Deaconess?

❖ On separate page(s), please indicate the grounds on which you are moved to seek the Sacred Ministry? Be as specific as you can.

FAMILY INFORMATION

Married ☐ Single ☐ Widow ☐ Divorced ☐

Husband's Name: _____ Date of Birth: _____

Husband's Occupation: _____ Work Phone: _____

When and Where Baptized: _____ Denomination: _____

When and Where Confirmed: _____ By whom: _____

Children at Home (List below.)

Name	Date of Birth	Baptized	Confirmed
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Is your husband supportive of your desire to seek this office? _____

Is he a member of the Reformed Episcopal Church, active in a local Parish? _____

Husband's Educational Background (Check highest level attained.)

High School ☐ Undergraduate College ☐ Bachelor's Degree ☐ Advanced Degree ☐

Field of Study: _____

What 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

Use additional sheets if needed.

BACKGROUND QUESTIONNAIRE

Please answer truthfully. No answer will automatically disqualify an applicant. Failure to disclose negative information will result in disciplinary action or dismissal. Use additional sheets if necessary.

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 Psychologist or Psychiatrist? 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. Have you been diagnosed with any serious or debilitating illness which might prevent you from fulfilling your duties in ministry? Yes ☐ No ☐
6. Would financial compensation be necessary for your well-being in order to serve in this office?
Yes ☐ No ☐

REFERENCES

List the names of your Rector and a minimum of two women communicants of the Church who have known you for at least three years and can attest to your character and Christian walk in testimonial letters concerning your fitness for the duties of a Deaconess. The letter of recommendation from your Rector must include a declaration that you are a communicant in good standing. Attach testimonials.

Name	Address	Telephone