

The Episcopal Church in MAINE
Nomination for Postulancy Interview

Bishop of Maine:

We, whose names are written hereunder, believe, based on personal knowledge or on evidence satisfactory to us, that

Print Name Clearly

is a confirmed adult communicant in good standing of this congregation and we hereby nominate *N.* for postulancy to the Diaconate/Priesthood (*please circle one*).

Signatures

**Vestry/Bishop's Committee
or other designated community of faith**
(to be signed by two-thirds majority)

Total number of elected
vestry/Committee members: _____

Attestation

We hereby certify that this certificate was signed at a meeting of the Vestry/Bishop's Committee of

Name of Congregation/Community of Faith

Location


on _____

Date

and that the names attached are those of all, or a two-thirds majority, of the members of the Vestry/Bishop's Committee.

Clerk of the Vestry/Bishop's Committee/Community of Faith

Priest in Charge of the Congregation/Community of Faith

 *Attached is the Vestry's Letter of Support that commits our community to pray for, and involve ourselves in, the Nominee's preparation for the Diaconate or Priesthood, and our pledge to contribute financially to the applicant's formation. Our Priest-in-Charge's letter of support is also attached.*

Information for Vestries: Those who have completed the discernment process may be commended to their vestry or bishop's committee for nomination. The Discernment Committee's evaluation is forwarded to the vestry.

The vestry is expected to interview the person and to evaluate the potential nominee according to six criteria: Christian commitment, personal stability, intellectual curiosity, leadership style, ability to communicate and personal characteristics.

The vestry nominates a person for consideration by sending a letter of support (please use the six criteria above) and the Nomination Form (page 1) to the Office of the Bishop

Nomination sets a high standard for vestries: the person so endorsed must be someone the vestry has confidence in, is committed to be involved as formation evolves, and is prepared to support spiritually and financially.

*The information submitted on this application will be shared electronically
with members of the Commission on Ministry.*

*Please type or print your answers clearly and use only one side of the paper.
Additional sheets are permitted; your last name must appear in the upper right hand
corner of each page.*

Please DO NOT staple, fold over or paperclip your pages together.

Questions? Please contact: Canon Barbara Martin bmartin@episcopalmaine.org

to the Diaconate or Priesthood.
The Episcopal Church in MAINE
Application for Postulancy
Application Inventory

Part I

Full Name _____

I accept the nomination of _____ in _____
Name of Congregation/Community of Faith Location

Signature and Date _____
Applicant's Signature Date

Part II

A complete application consists of the following parts:

- Signature Page: Support of Clergy and Vestry**
- Letter of Endorsement: Sponsoring Priest**
- Letter of Endorsement: Vestry or Bishop's Committee**
- Acceptance of Nomination (Pt I above)**
- Discernment Appointment with the Bishop**
- Information Sheet**
- Photograph (recent)**
- Autobiographical Essay**
- Signed Authorization and Release**

- Financial Statement**
- Resume**
- Letter(s) of Recommendation**
- Discernment Narrative**
- Certificate of Baptism**
- Certificate of Confirmation**
- Certificate of Safe Church Training**
- Transcripts**
- Other**

The Episcopal Diocese of Maine
Application for Postulancy Information Sheet
(Please attach a recent photograph ~ Please PRINT Clearly)

Background Information

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Birthdate _____ Place of Birth _____

Baptism Date _____ Place of Baptism _____

Confirmation date _____ Place of Confirmation _____

Confirming Bishop _____

Seeking Ordination to Priesthood Diaconate

My congregational discernment is complete and a signed copy of that report or narrative is attached.

I met with Bishop Brown on _____ to discuss my call to Holy Orders.

Present Parish/Congo/Comm of Faith _____, in _____, ME,
and I have been a communicant in good standing since _____.

Name of Sponsoring Priest/Sr. Warden in absence of a Priest in Charge

and Contact Info (phone/email) _____

| Former Parish/Congregation | Name/Location | Dates |
|----------------------------|---------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you previously applied for Postulancy in this or any other diocese? _____

If yes, please give date _____ and Diocese _____

If Postulancy was denied, please explain why: _____

Have you previously been accepted for Postulancy in this, or another diocese, and left the process for any reason? If yes, please explain: _____

Family History

Parent 1 Name _____ Date of Birth _____ Living _____

Parent 2 Name _____ Date of Birth _____ Living _____

Parent's Occupations: Parent 1 _____ Parent 2 _____

Sibling(s) Name(s) _____

Current Marital/Partner Status (please check)

Single Married Partnered Widowed Other (please explain)

Marriage Date _____ Spouse/Partner Name _____

Marital/Partner History

Widow(ed)

How long were you married? _____ Date of Death _____

Spouse/Partner Name _____

Divorce(s)

1. Date of Marriage _____ Date of Divorce _____

Name of Spouse/Partner _____

2. Date of Marriage _____ Date of Divorce _____

Name of Spouse/Partner _____

3. Date of Marriage _____ Date of Divorce _____

Name of Spouse/Partner _____

Children

Names/Birthdates _____

How many children do you currently support? _____

Current Living Situation

Are there any special or unique circumstances in your living arrangements (ex: multigenerational household, working farm, tenants, etc.)?

Substance Use/Abuse History *(use additional sheets as necessary)*

Is there a history of alcohol or substance use disorder in your family history?
(yes or no)

What is your use of alcohol, habit-forming medication, or other substances?

Has your patterns of drinking or using those medications/substances changed over the past 5-10 years? (yes or no)

Have you ever had any legal consequences resulting from alcohol, medication, or substance abuse? (yes or no)

Will these be listed on your background check?(yes or no)

If you answered yes to any of the questions above, please tell us about it and be prepared to discuss more fully with the Bishop and the Commission on Ministry if you are called to Interview Day.

Educational Background

School and Location

Major

Graduation Date

High School

College

Graduate School

Theological School

Additional or Special Training

Transcripts

Post Secondary Academic Transcripts will arrive from:

Letters of Recommendation

Please ask your references to send their recommendations directly to: The Episcopal Diocese of Maine, Attn: B. Martin, P O
Box 4036, Portland, ME 04101 for inclusion in your application packet.

These letters should be from varied sources, and should not be from your rector, senior warden or vestry.

Name _____ Telephone _____

Address _____ Relationship _____

Name _____ Telephone _____

Address _____ Relationship _____

Name _____ Telephone _____

Address _____ Relationship _____

Please attach an **Autobiographical/Spiritual Essay** that gives a 'snapshot' of your personal story and why you are moved to seek Holy Orders. Using standard formatting, please limit your autobiography to a maximum of 2500 words.

Required Attachments Included

Signature

Date

For Release of Information to the Episcopal Diocese of Maine
AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS AND
INDEMNITY AND HOLD HARMLESS AGREEMENT
(referred to herein as "Authorization and Release")

Full Name of Applicant:

Social Security Number:

Permanent Address of Applicant:

Current Address of Applicant if Different from Above:

Telephone Numbers:

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as my "application") in The Episcopal Church through a process conducted by the Diocese of Maine ("Diocese"). I understand that as a part of the Diocese's decision-making process about my application, I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or persons selected or approved by the Diocese.
2. I understand that the Assessment is only one part of the Diocese's decision-making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.
3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not be limited to, information about my family, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment. I agree that all the information I provide for the Assessment will be true, correct, and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.

_____ Initialed by Applicant pg 1

4. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions.
5. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese. I authorize the Bishop or Ecclesiastical Authority to disclose to and discuss the written Assessment report with those involved in the application process. I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with the Bishop or Ecclesiastical Authority and those involved in the application process.
6. I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong to me and I do not have the right to see them, have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Bishop or Ecclesiastical Authority or Diocese or from any of the personnel involved in the Assessment or from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.
7. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.
8. I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.
9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised format to preclude identification of my individual identify.

_____ Initialed by Applicant pg 2

The Episcopal Diocese of Maine
Application for Postulancy Financial Statement

Background Information

A. Personal

Name _____ Soc. Sec. #: _____

Address _____

Date of Birth _____ Email _____

Employment Background

Please attach a current resume *or* indicate places (firm or company), location, job title, dates of employment for the past ten years:

Have you ever been dismissed or disciplined for performance issues, or a violation of duties or ethics? _____. If yes, please explain _____

Were you claimed last year as a dependent of parents for Federal Tax Exemption? _____

Are you a veteran? _____ In what branch of the military did you serve? _____

What was your rank at time of discharge? _____ Do you qualify for VA benefits? _____

Name and ages of children living with you:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name and ages of dependent children not living with you:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please be *as complete as possible* in describing your income and expenses. All sources of household income and expenses (even if you are making payments on behalf of another family member or friend) should be included. Additional or supporting information can be detailed on the last page of this Financial Statement. Please use a separate sheet if necessary. Thank you.

Income and Expenses

Have you ever declared bankruptcy? _____

If yes, when? _____(date)

Expenses 1: Consumer Indebtedness

| | |
|------------------------------|--|
| Total Consumer / Credit Card | |
| Mortgage(s) Total | |
| Auto Loan(s) Total | |
| Educational Loan(s) Total | |
| Other Loans (list) | |
| Total Consumer Indebtedness | |

Expenses 2: Estimated Monthly Expenses

| | |
|--|--|
| Housing: Mortgage or Rent Housing: Utilities Housing: Other (list) | |
| Food and Clothing | |
| Auto/Travel | |
| Insurance Premiums ex: Homeowners, Renter, Life, Auto, etc. | |
| Child/Elder Care | |
| Child Support/Alimony | |
| Stewardship/Pledge/Charity | |
| Credit Card Payments | |
| Educational Loan(s) / Interest | |
| Other Monthly Indebtedness (list) | |
| Total Monthly Expenses | |

Asset Information (please include spouse/partner if you file a joint IRS return)

| | |
|--|--|
| Liquid: Average Monthly Checking Account Balance | |
| Liquid: Average Monthly Savings Account Balance | |
| Liquid: Market Value of any Securities or Mutual Funds | |
| Fixed: Real Estate #1 Equity (market value minus mortgage) | |
| Fixed: Real Estate #2 Equity (market value minus mortgage) | |
| Fixed: IRAs and/or Retirement Funds | |
| Fixed: Cash Value of Insurance Policies | |

Estimated Annual Resources (include spouse/partner if you file a joint IRS return)

| | |
|--|--|
| Net Earnings | |
| Net Earnings from Student Income | |
| Spouse/Partner Net Earnings | |
| Grants of Any Kind ex: Parish | |
| Gifts of Any Kind ex: Family | |
| Other Income List Source and Amount | |
| Total Income | |

Have your financial resources changed significantly in the past year? If yes, please explain:

How do plan on funding your education? _____

Is there any additional financial information, not included in this form, that you can share or would like the Bishop to consider (attach a separate sheet if necessary)?

Signature

Date