



ROADMAP TO HOLY ORDERS

Forms

2020

THE EPISCOPAL CHURCH IN DELAWARE

Commission on Ministry

913 Wilson Road

Wilmington, DE 19803-4012



COMMISSION ON MINISTRY

Forms - ROADMAP to Holy Orders

ROAD TO NOMINATION

- Form A Report of the CDG to the Vestry of the Sponsoring Parish
- Form B Nomination of an Aspirant by Sponsoring Parish's Vestry and Statement of Financial Commitment
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- Form D Sample Letter of Acceptance of Nomination

ROAD TO POSTULANCY

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ROAD TO CANDIDACY

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- Form P Vestry Endorsement for Ordination to the Diaconate
- Form Q Sample Letter Requesting Ordination to the Diaconate

ROAD TO ORDINATION TO THE PRIESTHOOD

- Form R Vestry Endorsement for Ordination to the Priesthood
- Form S Sample Letter Requesting Ordination to the Priesthood

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COMMISSION ON MINISTRY

ROAD
TO
NOMINATION

2020

THE EPISCOPAL CHURCH IN DELAWARE

Commission on Ministry
913 Wilson Road
Wilmington, DE 19803-4012



COMMISSION ON MINISTRY

FORM A: REPORT OF THE CONGREGATIONAL DISCERNMENT GROUP (CDG) TO THE VESTRY

Name of Aspirant _____

Report Date _____

Starting Date of CDG _____ Ending Date _____

Sponsoring Congregation _____ City _____

Convener's Name _____ Other _____

Convener's Cell Number _____

Convener's Email Address _____

Rector/Sponsoring Priest Name _____

Rector/Sponsoring Priest Cell Number _____ Office _____

Rector/Sponsoring Priest Email Address _____

The evaluation of the aspirant by the Congregational Discernment Group (CDG) is summed up in the questions below, and in any other thoughts, the group may wish to provide. (Please provide answers on a separate sheet)

1. Does this person strike you as one who is grounded and growing in the Christian faith? In what ways has he/she/they exhibited spiritual depth?
2. What is this person's understanding of Christian ministry? Do you sense a vocation to Holy Orders or a vocation that can be fulfilled as a member of the laity?
3. What qualities about this person's sense of vocation leads you to believe he/she/they is called to the priesthood and/or diaconate?
4. Describe this person's capacity for leadership. How has this person displayed his/her/their leadership in the past, and in the parish and/or diocese? What are the aspirant's strengths and weaknesses in your judgment?
5. How would you characterize this person's sense of the Christian life and habits of prayer?



COMMISSION ON MINISTRY

FORM A | 2 of 2

6. Does this person strike you as capable of healthy ministry and leadership? Were there any notable concerns or reservations expressed by a member of the group?
7. In what areas does the aspirant need particular care and guidance for further growth?
8. What standards/boundaries has this person established to guide ethical behavior, generally? Regarding money and stewardship? Regarding substance abuse or sexual behavior?

We, the undersigned, as members of the CDG, recommend to the vestry of (*parish name*) _____ that (*name of aspirant*) _____ be nominated to continue to discern his/her/their call to Holy Orders in the Episcopal Church in Delaware under the COM.

CONGREGATIONAL DISCERNMENT GROUP

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



COMMISSION ON MINISTRY

FORM A | 2 of 2

Submitted by:

Signature of CDG Chair

Printed Name of CDG Chair

Date

Approved by:

Signature of Rector/Sponsoring Priest

Printed Name of Rector/Sponsoring Priest

Date

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
913 Wilson Road
Wilmington DE 19803-4012
(302) 256.0374 | www.delaware.church

Copies scanned/sent/emailed to Chair, Commission on Ministry, com@delaware.church



COMMISSION ON MINISTRY

FORM B: VESTRY NOMINATION OF AN ASPIRANT FOR HOLY ORDERS AND VESTRY FINANCIAL COMMITMENT

*To the Rt. Rev. Kevin S. Brown, Bishop
and to the Commission on Ministry of
the Episcopal Church in Delaware*

Date: _____

NOMINATION OF AN ASPIRANT FOR HOLY ORDERS

WE, whose names are hereunder written as duly elected members of the vestry of (*print name of congregation*) _____, testify to our belief that (*print name of aspirant*) _____, has lived a sober, honest, and godly life, and that he/she/they is a communicant of this congregation in good standing of this parish. We do furthermore declare that, in our opinion, he/she/they possesses such qualifications befitting admission into the discernment process following the Constitution and Canons of the Episcopal Church and the standards put forth in the Roadmap to Holy Orders under the Commission on Ministry of the Episcopal Church in Delaware.

WE declare that our judgment is based upon:

- _____ Personal knowledge of the aspirant on the part of the vestry
- _____ Evidence concerning the aspirant presented to the vestry
- _____ A combination of personal knowledge of the aspirant and other evidence

WE commit our congregation to support this person for three or four years of theological education in the following ways:

- Payment of one-third (1/3) of the cost of the psychological exam
- Payment of the cost of diocesan discernment retreat (typically \$ _____ to \$ _____)
- We further commit to involving our congregation in the preparation of the aspirant for Holy Orders



COMMISSION ON MINISTRY

FORM B | 2 of 2

VESTRY SIGNATURES

Two columns of horizontal lines for signatures.

(Must be signed by a two-thirds majority of the members of the vestry.)

Signed _____
(Rector/Sponsoring Priest of the congregation to which the aspirant belongs)

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the vestry of (print name of congregation) _____ duly convened in the city of (city name) _____ on (date) _____ and that the signatures shown are those of a two-thirds majority of the members of the vestry.

Signed _____
(clerk of the vestry)

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COMMISSION ON MINISTRY

FORM C: RECTOR/SPONSORING PRIEST RECOMMENDATION OF NOMINEE

As the rector/sponsoring priest or vicar most familiar with the individual requesting discernment for Holy Orders, your input is vital. The Commission on Ministry (COM) recognizes that the recommendation we request of you is detailed and time-consuming. The COM appreciates very much your willingness to meet our request, confident that your efforts will yield fruit in the individual's discernment.

Your recommendation is confidential to the COM and the bishop's office. Consequently, please be direct in your comments and observations. As always, the COM is available to answer any questions you might have in the preparation of this recommendation.

Please title your recommendation document using "FORM C" and the nominee's name.

RECOMMENDATION OUTLINE

Please tell us how long you've known the nominee, and the nature of your relationship with him/her/them (parishioner, employee, etc.). In addition to any other comments you would like to add, please comment on the following questions, which are also the questions asked of your vestry:

1. Does this person strike you as one who is grounded and growing in the Christian faith? In what ways has he/she/they exhibited spiritual depth?
2. What is this person's understanding of Christian ministry? Do you sense a vocation to Holy Orders or a vocation that can be fulfilled as a member of the laity?
3. What qualities about this person's sense of vocation leads you to believe he/she/they is called to the priesthood and/or diaconate?
4. Describe this person's capacity for leadership. How has this person displayed his/her/their leadership in the past, and in the parish and/or diocese? What are the aspirant's strengths and weaknesses in your judgment?
5. How would you characterize this person's sense of the Christian life and habits of prayer?
6. Does this person strike you as capable of healthy ministry and leadership? Do you know of any notable concerns or reservations expressed by a member of your congregation?
7. What standards/boundaries has this person established to guide ethical behavior, generally? Regarding money and stewardship? Regarding substance abuse or sexual behavior?

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COMMISSION ON MINISTRY

FORM D: LETTER OF ACCEPTANCE OF NOMINATION FOR DISCERNMENT OF HOLY ORDERS BY ASPIRANT (See below template.)

Date:

Your Name
Address
Email
Phone #

The Rt. Rev. Kevin S. Brown
The Episcopal Church in Delaware
913 Wilson Road
Wilmington DE 19803-4012

Dear Bishop Brown:

In accordance with the Canons of the Episcopal Church [pick one: Title III, Canon 6, Section 2 (2015) for Ordination to the Diaconate or Title III, Canon 8, Section 2 (2015) for Ordination to the Priesthood], I hereby accept my parish’s nomination for Holy Orders, and I humbly request that I be considered for postulancy.

I am providing you with the following information as required under the above canon:

Full Name _____

Date of Birth _____

I have been a confirmed member in good standing of a congregation in the Episcopal Church in Delaware since

Baptismal Date _____

Confirmation Date _____
(Evidence of my baptism and confirmation is enclosed.)

In your letter, type the phrase that applies:

- I have not previously applied as a postulant in any other diocese.
- I have previously applied as a postulant in another diocese. I am attaching a letter describing those circumstances.

Briefly describe your reasons for seeking Holy Orders, stating whether you seek ordination to the permanent or vocational diaconate or the priesthood, and describe your process of discernment by which you have been identified for ordination. Describe the level of education you have attained, your degrees earned, and your areas of specialization, together with copies of official transcripts; and enclose a copy of your resume.

Sincerely yours,

Your name printed

Cc: Chair of the Commission on Ministry
Your Rector/Sponsoring Priest



COMMISSION ON MINISTRY

ROAD
TO
POSTULANCY

2020

THE EPISCOPAL CHURCH IN DELAWARE

Commission on Ministry
913 Wilson Road
Wilmington, DE 19803-4012



COMMISSION ON MINISTRY

FORM E: APPLICATION FOR DISCERNMENT OF HOLY ORDERS

Date of Application _____

Full Name (Including Original or Initial) _____

Clergy Order that Applicant is Seeking _____Permanent Deacon _____Priest

Have you previously applied for admission as a nominee for Holy Orders? ____Y ____N

If so, when/ where _____

and to whom _____

Applicant's Address _____

City State ZIP

Email _____

Cell Telephone _____ Home Telephone _____

Social Security No. _____

Date of Birth _____

Martial Status _____ Ever Divorced? _____ Number of Marriages _____

Spouse's Name _____ Spouse's Telephone _____

Name(s) and Age(s) of Child(ren) _____

CHURCH MEMBERSHIP

City _____

Sponsoring Congregation _____

Rector/Sponsoring Priest Name _____

Rector/Sponsoring Priest Cell Telephone _____

Rector/Sponsoring Priest Office Telephone _____

Rector/Sponsoring Priest Email _____

Have you been a confirmed member in good standing at a congregation within the Episcopal Church in Delaware? Y ____ N ____



COMMISSION ON MINISTRY

FORM E | 2 of 6

BAPTISM *(Please provide documentation, if you haven't already.)*

Name of Church _____

City _____

Date _____

Denomination _____

Officiant's Name _____

CONFIRMATION *(Please provide documentation, if you haven't already.)*

Name of Church _____

City _____

Date _____

Denomination _____

Officiant's Name _____

EDUCATION

| | Name of School | Location | Major / Degree | Dates you Attended |
|-----------------------------------|----------------|----------|----------------|--------------------|
| High School | | | | |
| College* | | | | |
| Business or Trade School* | | | | |
| Seminary &/or Post-Graduate Work* | | | | |

* Please request official transcripts to be sent to the Episcopal Church in Delaware at the address shown at the end of this form.

WORK EXPERIENCE *(List the last two paid positions you have held, or the two most relevant to ministry.)*

Employer _____

Address _____

Supervisor's Name _____

Telephone _____

Email Address _____

Dates Employed _____

Describe the job you held and the duties you performed _____



COMMISSION ON MINISTRY

Form E | 3 of 6

Employer _____

Address _____

Supervisor's Name _____

Telephone _____

Email Address _____

Dates Employed _____

Describe the job you held and the duties you performed _____

REFERENCES *(Please provide three references – not your rector or vicar – who can speak to your character.)*

Name _____

Relationship _____

Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email _____

Name _____

Relationship _____

Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email _____

Name _____

Relationship _____

Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email _____



COMMISSION ON MINISTRY

FORM E | 4 of 6

Short Essays (Please Review)

Please provide typed responses for each of the subjects below. Each essay should be no less more than five pages, single-spaced, and 12-point font. Label each essay with the essay's title and your name.

I. Autobiography

Your autobiography should cover the most important aspects of your spiritual, emotional, and professional development and resulting self-awareness. While this essay gives you great latitude, it should include the following elements: the facts of your life that inform your calling to ordained ministry, the circumstances around you becoming a Christian, consideration of times of growth and change (including, if applicable, details of any counseling you have undertaken), any experience you have had participating in religions other than Christianity, and an honest discussion of your strengths and weaknesses.

II. Marriage (if applicable)

If you are married, you and your spouse write an essay together on your understanding of marriage and how that understanding is reflected in your current relationship. The statement should include a frank evaluation of the anticipated impact of ordained ministry on your relationship. If you are divorced, include information on the circumstances of your marriage, divorce, ecclesiastical judgment, and remarriage (if any). You should also include a statement on what you have learned from the experience of your divorce.

III. Livelihood and Occupational History

Describe your current job or other working situation, including a description of your economic base. You need not give income figures, but do mention how you support yourself and your family. List in reverse chronological order all the jobs you have held since college or in the last ten years (whichever is less), your duties on these jobs with particular attention to leadership roles, and your reasons for taking and leaving them. Please note that a resume does not adequately fulfill this requirement.

IV. Parish Ministry

Describe your current involvement in ministry at your parish. Describe other ministries in which you have been involved, both within a parish setting and otherwise, over the last ten years or since graduation from high school, whichever is less. With each description, note particular leadership roles you've had, key lessons learned in ministry, and what you took away from times of conflict.



COMMISSION ON MINISTRY

FORM E | 5 of 6

v. Vocational Identity

Summarize your understanding of the diaconate and/or priesthood, noting the differences between them, and your reasons for feeling called to the particular order sought.

vi. Prospects for Theological Education

The COM has found that many nominees for Holy Orders have made some tentative plans for theological education or have already begun or even completed the same before applying for the ordination process. Applicants should understand that the bishop's approval of your educational course is required if you do become a postulant. If you have already completed a seminary program, do note that you will be asked to complete additional formation in the Anglican tradition if you haven't already. Applicants who have not done any other graduate study should understand that seminary is indeed graduate-level work.

In the light of these facts please describe any theological education you may have had, your thoughts about it if you have not had any yet, and your assessment of your capacity for serious, graduate study. Also, importantly, describe the way you plan to pay for this education.

Short Responses *(each response should be no more than five paragraphs)*

- I. What does it mean to find salvation in Jesus Christ?
- II. What does it mean to be under authority?
- III. What is the Gospel?
- IV. How do you share your faith?
- V. What is your rule of life?
- VI. Define stewardship and describe how you meet this definition.



COMMISSION ON MINISTRY

FORM E | 6 of 6

Submitted by:

Signature of Applicant

Printed Name of Applicant

Date

Approved by:

Signature of Rector/Sponsoring Priest

Printed Name of Rector/Sponsoring Priest

Date

Completed original forms should be submitted to:

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Attention: Executive Assistant to the Bishop
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COMMISSION ON MINISTRY

FORM F: AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS, AND HOLD HARMLESS AGREEMENT (Referred to herein as "Authorization and Release")

Name of Applicant _____

Date _____

Social Security Number _____

Permanent Address of Applicant _____

City _____ State _____ ZIP _____

Current Address of Applicant, if Different _____

City _____ State _____ ZIP _____

Applicant's Cell _____

Applicant's Email _____

- 1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position...
2. I understand that the assessment is only one part of the diocese's decision-making process...
3. I voluntarily consent to participate in the assessment and I agree to cooperate fully with the assessment.

Applicant's Initials _____



COMMISSION ON MINISTRY

FORM F | 2 of 4

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.

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 about the assessment, including but not limited to my responses to any questionnaires, tests, and interview questions.
5. I understand that after 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 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

Applicant's Initials _____



COMMISSION ON MINISTRY

FORM F | 3 of 4

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 identity.
10. As consideration for having my application considered by the diocese, I hereby waive, release and discharge the diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives (the released parties) from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract, or otherwise, in law or equity, arising out of my participation in the assessment, use or disclosure of information regarding the assessment, or arising in any other way as a result of the assessment. I do not release the released parties from liability for willful or intentional acts or punitive damages.
11. I also agree not to sue or make a claim against the released parties for injury, damage, or loss of any kind sustained as a result of my participation in assessment, the use or disclosure of information regarding the assessment, or relating in any way to the assessment. I will indemnify and hold harmless the released parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.
12. I agree that if any portion of this authorization and release is found by a court to be unenforceable for any reason, the remainder of this authorization and release shall remain valid and in full force and effect.
13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of authorization and release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this authorization and release, I have not relied upon any statements or explanations made by any of the released parties or by any attorney of any of the released parties. I have initialed each page of this authorization and release indicating that I have read and understood each paragraph.

Applicant's Initials _____



COMMISSION ON MINISTRY

FORM F | 4 of 4

Submitted by:

Signature of Applicant *Printed Name of Applicant* *Date*

Witnessed by:

Signature of Witness *Printed Name of Witness* *Date*

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
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Wilmington DE 19803-4012
(302) 256.0374 | www.delaware.church

Copies scanned/sent/emailed to Chair, Commission on Ministry, com@delaware.church



COMMISSION ON MINISTRY

FORM G: FOR RELEASE OF INFORMATION TO APPLICANT ONLY
AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS,
AND HOLD HARMLESS AGREEMENT
(Referred to herein as "Authorization and Release")

Name of Applicant _____

Date _____

Social Security Number _____

Permanent Address of Applicant _____

City _____ State _____ ZIP _____

Current Address of Applicant, if Different _____

City _____ State _____ ZIP _____

Applicant's Cell _____

Applicant's Email _____

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 Episcopal Church in Delaware. 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.

- 1. 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.
2. 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

Applicant's Initials _____



COMMISSION ON MINISTRY

FORM G | 2 of 4

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.

3. 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, about the assessment, including but not limited to my responses to any questionnaires, tests, and interview questions. If deemed necessary by a mental health professional, I agree to document my authorization in a form that satisfies the requirements of applicable law.
4. I understand that after 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 me. I understand that I may choose whether or not to provide a copy of the written assessment report to the diocese. If I provide a copy to the diocese, I authorize the mental health professionals involved in the assessment to discuss the written assessment report with a person or persons designated by the diocese, and I agree to execute the written authorization form attached hereto as Appendix A (or a similar written authorization form approved by the mental health professional(s)) to approve this discussion. I agree that I will not disclose the written assessment report to anyone other than the diocese.
5. Except for my right to receive a copy of the written assessment report as specifically provided in paragraph 5 above, 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, except to the extent that my rights concerning records held by the mental health professional(s) are preserved by applicable law, I do not have the right to see any records or documents related to the assessment, to 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 diocese or from any of the personnel involved in the assessment or, except to the extent that my rights concerning records held by the mental health professional(s) are preserved by applicable law, 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.

Applicant's Initials _____



COMMISSION ON MINISTRY

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6. 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.
7. I understand and agree that if I choose to provide a copy of the written assessment report to the diocese according to paragraph 5 above, 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.
8. 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 and de-identified format to preclude identification of my identity.
9. As consideration for having my application considered by the diocese, I hereby waive, release and discharge the diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives (the released parties) from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion or breach of privacy, breach of contract, or otherwise, in law or equity, arising out of my participation in the assessment, use or disclosure of information regarding the assessment, or arising in any other way as a result of the assessment. I do not release the released parties from liability for willful or intentional acts or punitive damages.
10. I also agree not to sue or make a claim against the released parties for injury, damage, or loss of any kind sustained as a result of my participation in assessment, the use or disclosure of information regarding the assessment, or relating in any way to the assessment. I will indemnify and hold harmless the released parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.
11. I agree that if any portion of this authorization and release is found by a court to be unenforceable for any reason, the remainder of this authorization and release shall remain valid and in full force and effect.

Applicant's Initials _____



COMMISSION ON MINISTRY

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12. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of authorization and release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this authorization and release, I have not relied upon any statements or explanations made by any of the released parties or by any attorney of any of the released parties. I have initialed each page of this authorization and release indicating that I have read and understood each paragraph.

Applicant's Initials _____

Submitted by:

Signature of Applicant

Printed Name of Applicant

Date

Witnessed by:

Signature of Witness

Printed Name of Witness

Date

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
913 Wilson Road
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(302) 256.0374 | www.delaware.church

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COMMISSION ON MINISTRY

FORM H: FINANCIAL STATEMENT

Date of Application _____

Full Name (Including Original or Initial) _____

Applicant's Address _____

City _____ State _____ ZIP _____

Email _____

Cell Telephone _____ Home _____

Dependent(s) *(Please list by name and give ages of children.)*

Sponsoring Congregation _____ City _____

Rector/Sponsoring Priest Name _____

In answering these questions, please state specific sources and amounts. It is important to be realistic about the costs of your possible seminary education. The cost will be your responsibility. Diocesan aid is quite limited. Most seminaries do have scholarship funds; however, you should consult with your seminary regarding availability and alternative sources of aid.

How will you pay for three (3) years of seminary?



COMMISSION ON MINISTRY

FORM H | 2 of 2

Anticipated Annual Expenses

School _____
(tuition, books, supplies, fees, etc.)

Living _____
(housing, food, insurance, transportation, etc.)

Other (specify) _____

Other (specify) _____

Other (specify) _____

Annual Total _____

Total for Three (3) Years _____

Anticipated Annual Income

Earnings _____

Personal Savings & Investments _____

Spouse's Employment _____

Parents/Relatives _____

Sponsoring Congregation _____

Annual Total _____

Total for Three (3) Years _____

Signature of Applicant

Printed Name of Applicant

Date

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
913 Wilson Road
Wilmington DE 19803-4012
(302) 256.0374 | www.delaware.church

Copies scanned/sent/emailed to Chair, Commission on Ministry, com@delaware.church



COMMISSION ON MINISTRY

FORM I: NOMINEE AGREEMENT

DEFINITION OF TERMS

- I. *Ordination process*: the whole series of steps provided by the Constitution and Canons of the Episcopal Church as defined and applied by the Episcopal Church in Delaware which, all requirements being satisfied, may lead to the ordination of an individual to the Sacred Orders of Priest and/or Deacon. In summary, these steps may be grouped under four headings:
 - a. *Aspirancy* is the period between being permitted by the bishop to discern, up until the acceptance of the nomination by one's home parish. During this time the discernor is called an aspirant.
 - b. *Nomination* covers the time beginning with a letter from the individual to the bishop accepting his/her/their nomination by the congregation, continuing up until the time that the individual is admitted to postulancy by the bishop. During this stage, the discernor is called a nominee.
 - c. *Postulancy* covers the period from admission to postulancy up until the time the individual is admitted to candidacy by the bishop, upon the favorable recommendation of the Commission on Ministry and approval of the standing committee. One is called a postulant.
 - d. *Candidacy* covers the period from admission to candidacy to ordination by the bishop upon the favorable recommendation of the Commission on Ministry and approval of the standing committee. One is called a candidate
- II. *Ordination*: The sacramental conferral of authority on an individual by the bishop, under the Book of Common Prayer, to carry out the ministry of the Church consistent with this Church's understanding of the specific Order to which he or she is ordained.
- III. *Cure*: The ecclesiastical position to which an ordained person is called, and for which the ordained person is authorized by the bishop to carry out the ministry belonging to his or her Order.

FAITH AND DISCIPLINE

Anyone wishing to pursue ordination in the Episcopal Church in Delaware is required to agree with and abide by the historic faith and practice of the Anglican/Episcopal tradition as found in the Book of Common Prayer (1979), and conform to the doctrine, discipline, and worship of the Episcopal Church.



COMMISSION ON MINISTRY

FORM I: 2 of 3

FINANCIAL AID AND DIOCESAN SERVICE

Tuition grants are subject to the availability of funds and the bishop's approval. In return for this investment in our seminarians and their formation, for any who have accepted significant diocesan funds, we require additional years of service in the Episcopal Church in Delaware *beyond* an expected minimum of two years following ordination. Any seminarian that has received diocesan financial aid for seminary tuition paid agrees to serve an additional year, for a total of three years. If you are successful in the ordination process and the Episcopal Church in Delaware is unable to provide you with a full-time position after seminary, you will be canonically released and given a waiver of this pledge by the bishop. Otherwise, failure to meet the required period of service will cause the diocesan grant to be treated instead as a loan, which will become repayable in whole or in part upon terms determined by the bishop.

AGREEMENT

I, the undersigned, do hereby acknowledge the foregoing definitions and agree to the following:

1. That I understand that permission to enter the ordination process in the Episcopal Church in Delaware does not carry with it an assurance that I will be ordained, or that I have any claim to be appointed to a cure.
2. That, as a condition of being admitted to the ordination process, should I be ordained by the bishop, I agree to serve in any full-time position in the Episcopal Church in Delaware to which the bishop appoints and/or authorizes me to serve; and that in any case, I shall be bound to serve within the Episcopal Church in Delaware for at least two years unless given a waiver of this pledge by the bishop of the Episcopal Church in Delaware. If I have received financial aid from the diocese to cover seminary expenses, I agree to add one year of service to the minimum of two (2) years as outlined above in Financial Aid and Diocesan Service.
3. That I acknowledge and understand that, in the event, I become a candidate for Holy Orders, I will not be ordained without a cure. Further,
4. I have read, understood, and acceded to the policy concerning sexual misconduct.
5. I pledge that, if married, I will live within the covenant of marriage.
6. I understand that failure to live by these standards will result in my removal from the ordination process.



COMMISSION ON MINISTRY

FORM I: 3 of 3

Submitted by:

Signature of Applicant

Printed Name of Applicant

Date

Approved by:

Signature of Witness

Printed Name of Witness

Date

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COMMISSION ON MINISTRY

FORM J: BACKGROUND CHECK

OVERVIEW

The background check is conducted by Oxford Documents Company. You will receive a packet in the mail from their representative, and you should complete the information and return it as instructed.

THE RESULTS

The results of the check will be sent to the bishop for evaluation. The results are kept in the discernment file and labeled as confidential.

PAYMENT

The cost of approximately \$_____ is borne by the discerner. It is your responsibility to ask your parish for financial assistance if you so wish. You will be invoiced by the diocese after the bill is received.

ACKNOWLEDGMENT

I understand the requirements of the background check and agree to participate by fully disclosing the information that will be requested of me and to reimburse the diocese for the full cost.

Name _____

Signature _____

Date _____

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COMMISSION ON MINISTRY

ROAD
TO
CANDIDACY

2020

THE EPISCOPAL CHURCH IN DELAWARE
Commission on Ministry
913 Wilson Road
Wilmington, DE 19803-4012



COMMISSION ON MINISTRY

FORM N: VESTRY REAFFIRMATION FOR CANDIDACY FOR HOLY ORDERS

*To the Rt. Rev. Kevin S. Brown, Bishop and
Commission on Ministry
and the Standing Committee of
the Episcopal Church in Delaware*

Date _____

We, whose names are hereunder written as duly elected members of the vestry of (*print name of congregation*) _____, testify to our belief that (*print name of postulant*) _____ possesses such qualifications as would fit him/her/them to be admitted a **CANDIDATE FOR HOLY ORDERS**.

We declare that our judgment is based upon:

- _____ Personal knowledge of the postulant on the part of the vestry
- _____ Evidence concerning the postulant presented to the vestry
- _____ A combination of personal knowledge of the postulant and other evidence

VESTRY SIGNATURES

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(Must be signed by a two-thirds majority of the vestry members.)



COMMISSION ON MINISTRY

FORM N: 2 of 2

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the vestry of (*print name of congregation*) _____, duly convened in the city of (*cityname*) _____ on (*date*) _____ and that the signatures shown are those of a two-thirds majority of the members of the vestry.

Signed _____
(*clerk of the vestry*)

I HEREBY certify that I am personally acquainted with (*print name of postulant*) _____ and that I believe him/her/them to be well qualified to be made a CANDIDATE in the discernment process.

Signed _____
(*Rector/Sponsoring Priest of the congregation to which the postulant belongs*)

Note: Should the congregation be without a Rector/Sponsoring Priest, it shall suffice that in his/her/their place the certificate from the vestry be signed by some presbyter of the diocese (sponsoring priest) in good standing to whom the postulant is personally known, the reason for the substitution being stated in the attesting clause.

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COMMISSION ON MINISTRY

FORM O: LETTER OF APPLICATION FOR CANDIDACY FOR HOLY ORDERS

Date:

Your Name

Address

Email

Phone #

The Rt. Rev. Kevin S. Brown
The Episcopal Church in Delaware
913 Wilson Road
Wilmington DE 19803-4012

Dear Bishop Brown:

In accordance with the canons of the Episcopal Church [**pick one:** Title III, Canon 6, Section 4 (2015) for Ordination to the Diaconate *or* Title III, Canon 8, Section 4 (2015) for Ordination to the Priesthood], I respectfully submit this application to become a candidate for Holy Orders.

I am providing you with the following information as required under the above canon: Full Name _____

Date Granted Postulancy _____

Personal remarks here, if any.

Sincerely yours,

Your name printed

Cc: *Chair of the Commission on Ministry*
Your Rector/Sponsoring Priest

Completed original forms should be submitted to:

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COMMISSION ON MINISTRY

**ORDINATION
TO THE
DIACONATE

2020**

THE EPISCOPAL CHURCH IN DELAWARE

Commission on Ministry
913 Wilson Road
Wilmington, DE 19803-4012



COMMISSION ON MINISTRY

FORM P: VESTRY ENDORSEMENT FOR ORDINATION TO THE DIACONATE

To the Rt. Rev. Kevin S. Brown, Bishop
and Commission on Ministry
and the Standing Committee of
the Episcopal Church in Delaware

Date _____

We, whose names are hereunder written as duly elected members of the vestry of (print name of congregation) _____ do certify that, after due inquiry, we are well assured and believe that (print name of candidate) _____, hath lived a sober, honest, and godly life and that he/she/they is loyal to the doctrine, discipline, and worship of this Church, and does not hold anything contrary thereto. Moreover, we think he/she/they is a person worthy to be admitted to the SACRED ORDER OF DEACONS.

VESTRY SIGNATURES

Two columns of horizontal lines for signatures.

(Must be signed by a two-thirds majority of the vestry members.)



COMMISSION ON MINISTRY

FORM P: 2 of 2

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the vestry of (*print name of congregation*) _____, duly convened in the city of (*cityname*) _____ on (*date*) _____ and that the signatures shown are those of a two-thirds majority of the members of the vestry.

Signed _____
(*clerk of the vestry*)

I HEREBY certify that I am personally acquainted with (*print name of candidate*) _____ and that I believe him/her/them to be well qualified to be made Office of Deacon, to the glory of God and the edification of the Church.

Signed _____
(*Rector/Sponsoring Priest of the congregation to which the candidate belongs*)

Note: Should the congregation be without a Rector/Sponsoring Priest, it shall suffice that in his/her/their place the certificate from the vestry be signed by some presbyter of the diocese (sponsoring priest) in good standing to whom the postulant is personally known, the reason for the substitution being stated in the attesting clause.

Completed original forms should be submitted to:

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Attention: Executive Assistant to the Bishop
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Wilmington DE 19803-4012
(302) 256.0374 | www.delaware.church

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COMMISSION ON MINISTRY

FORM Q: LETTER OF REQUEST FOR ORDINATION TO THE DIACONATE

Date:

Your Name
Address
Email
Phone #

The Rt. Rev. Kevin S. Brown
The Episcopal Church in Delaware
913 Wilson Road
Wilmington DE 19803-4012

Dear Bishop Brown:

In accordance with the canons of the Episcopal Church [Title III, Canon 6, Section 6 (2015) for Ordination to the Diaconate *or* Title III, Canon 8, Section 6 (2015) for Ordination to the Priesthood], I respectfully request ordination as a deacon in Christ’s Church.

I am providing you with the following information as required under the above canon:

Full Name _____

Date Granted Postulancy _____

Date Granted Candidacy _____

Personal remarks here, if any.

Sincerely yours,

Your name printed

Cc: *Chair of the Commission on Ministry
Your Rector/Sponsoring Priest*

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
913 Wilson Road
Wilmington DE 19803-4012
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COMMISSION ON MINISTRY

ORDINATION
TO THE
PRIESTHOOD

2020

THE EPISCOPAL CHURCH IN DELAWARE
Commission on Ministry
913 Wilson Road
Wilmington, DE 19803-4012



COMMISSION ON MINISTRY

FORM R: VESTRY ENDORSEMENT FOR ORDINATION TO THE PRIESTHOOD

*To the Rt. Rev. Kevin S. Brown, Bishop
and Commission on Ministry
and the Standing Committee of
the Episcopal Church in Delaware*

Date _____

We, whose names are hereunder written as duly elected members of the vestry of (*print name of congregation*) _____, do certify and believe that (*print name of deacon*) *the Reverend* _____, since the ____ day of _____ in the year _____, being the date of his/her/their ordination to the Diaconate, hath lived a sober, honest, and godly life, and hath not written, taught, or held anything contrary to the doctrine, discipline, or worship of this Church, and we think he/she/they is a person worthy to be admitted to the **SACRED ORDER OF PRIESTS**.

VESTRY SIGNATURES

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Must be signed by a two-thirds majority of the vestry members.)



COMMISSION ON MINISTRY

FORM R: 2 of 2

ATTESTATION OF THE FOREGOING CERTIFICATE

I HEREBY certify that the foregoing certificate was signed at a meeting of the vestry of (print name of congregation) _____, duly convened in the city of (cityname) _____ on (date) _____ and that the signatures shown are those of a two-thirds majority of the members of the vestry.

Signed _____ (clerk of the vestry)

I HEREBY certify that I am personally acquainted with (print name of deacon) The Reverend _____ and that I believe him/her/them to be well qualified to be made Office of Priest, to the glory of God and the edification of the Church.

Signed _____ (Rector/Sponsoring Priest of the congregation to which the deacon belongs)

Note: Should the congregation be without a Rector/Sponsoring Priest, it shall suffice that in his/her/their place the certificate from the vestry be signed by some presbyter of the diocese (sponsoring priest) in good standing to whom the postulant is personally known, the reason for the substitution being stated in the attesting clause.

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COMMISSION ON MINISTRY

FORM S: LETTER OF REQUEST FOR ORDINATION TO THE PRIESTHOOD

Date:

Your Name
Address
Email
Phone #

The Rt. Rev. Kevin S. Brown
The Episcopal Church in Delaware
913 Wilson Road
Wilmington DE 19803-4012

Dear Bishop Brown:

In accordance with the canons of the Episcopal Church [Title III, Canon 8, Section 6 (2015) for Ordination to the Priesthood], I respectfully request ordination to the sacred order of priests in Christ’s Church.

I am providing you with the following information as required under the above canon:

Full Name _____

Date Granted Postulancy _____

Date Granted Candidacy _____

Date Ordained Deacon _____

Personal remarks here, if any.

Sincerely yours,

Your name printed

Cc: *Chair of the Commission on Ministry*
Your Rector/Sponsoring Priest

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
913 Wilson Road
Wilmington DE 19803-4012
(302) 256.0374 | www.delaware.church

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