



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 No. _____

Permanent Address of Applicant _____

Current Address of Applicant _____

(if different) _____

Applicant’s Cell Telephone _____

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 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.

Applicant’s Initials _____



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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.

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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.

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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
Wilmington, DE 19803
(302) 256.0374 | www.delaware.church

Copies scanned/sent/emailed to Chair, Commission on Ministry, jross@stpeterslewes.org