



Application for Discernment of Holy Orders

Use additional paper as needed

Date: _____

Demographic Information

Full name of Aspirant: _____

Name you wish to be called: _____

Full address: _____

Telephone (Home): _____ (Cell): _____

E-mail: _____

Age: _____ Date of Birth: _____

Marital Status: Single Married Widowed Divorced

Spouse / Fiancé Name: _____ DOB: _____

Spouse / Fiancé phone: _____

Spouse / Fiancé email: _____

Date of Marriage: _____ How many previous marriages?

Give specifics (dates, etc.):

Children:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Have you participated in any part of an ordination discernment process in another congregation, diocese, or denomination? If so, where? What was the result?

Date of Baptism: _____ Parish: _____

Location: _____

Date of Confirmation or Reception: _____ Bishop: _____

Parish: _____ Location: _____

Present Parish: _____

Length of time as confirmed member in good standing in present parish: _____

Length of time resident in the Diocese of Pittsburgh: _____

Parish-based Ministries – list parish, place, dates, and services, within parish or on its behalf:

Education

High School: _____ Date of Graduation: _____

College/University: _____ Years Attended: _____

Degree: _____ Graduation Date: _____

Graduate School: _____ Years Attended: _____

Degree Field: _____

Other Training/Education (name of school or institution, dates attended, subject or areas)

Economic Situation

Current Annual Earnings:

Salary	\$ _____	Spouse's Salary	\$ _____
Benefits	\$ _____	Spouse's Benefits	\$ _____
Total	\$ _____	Total	\$ _____

Total Annual Earnings: \$ _____

Liabilities

Mortgage	\$ _____	Car Loans	\$ _____
Credit Cards	\$ _____	Student Loans	\$ _____
Other Loans (including family and personal loans) \$ _____			

Total Liabilities: \$ _____

What is the nature of your present indebtedness? Please write a brief explanatory note.

If you go to seminary or enter a non-stipendiary ministry (such as church planting), what financial arrangements have you made?

If you are eventually ordained, do you hope to have a full-time parish salary, or do you have another means of financial support?

Recommended training/support

- I. All Personal Debt (Excluding Mortgage) 0 - \$5,000
 - a. Two-hour workshop required. "Dumping Debt" video to be shown, "Baby Steps" discussed, followed up by Q & A.
 - b. Financial Peace University 9-week class encouraged.
 - c. Develop a written financial plan.

- II. All Personal Debt (Excluding Mortgage) \$5001 - \$25,000
 - a. Financial Peace University Class is required after completion of course.
 - b. 90-day check-up with COM required after completion of course.
 - c. Develop a written financial plan.

- III. All Personal Debt (Excluding Mortgage) \$25,000+
 - a. Financial Peace University Class is required.
 - b. Meet with an approved Financial Coach within 30 days of completing the class.
 - c. 90-day check-up with COM required after completion of course.
 - d. Develop a written financial plan.

For more information on developing a financial plan, or for a sample budget sheet and balance sheet, contact the Bishop's Office.

Employment History

Please attach a copy of your resume.

Further Background Information

If you answer **YES** to any of the questions below, please explain on a separate page.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies?
Yes _____ No _____

2. Have you ever been asked to resign or been terminated by a training program or employer?
Yes _____ No _____

3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason?
Yes _____ No _____

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you?

Yes _____ No _____

5. Are you now or have you ever had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)?

Yes _____ No _____

6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?

Yes _____ No _____

7. Are you now using or have you ever used, produced, sold, or distributed pornography?

Yes _____ No _____

8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver's license ever been revoked or suspended?

Yes _____ No _____

9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care?

Yes _____ No _____

10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity?

Yes _____ No _____

STATEMENT OF THE APPLICANT

Please read carefully before signing.

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for postulancy or cause for dismissal from postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please type or print)

Signature

Date

Witness Signature

Date

*Please submit this form, along with a **resume** and a **current photo** of the applicant, to the Bishop's office.*