Diocese of Central Pennsylvania

CHECKLIST FOR POSTULANCY

NAME ____ **DATE** ____________________

MINISTRY GOAL: (______) Diaconate (______) Priesthood

THESE ITEMS MUST BE COMPLETED AND RECEIVED IN THE BISHOP'S OFFICE
BEFORE INTERVIEW FOR POSTULANCY

_____ 1. Completed application for Holy Orders

_____ 2. Autobiographical sketch of your life and spiritual journey

_____ 3. Statement of reasons you seek ordination

_____ 4. Vestry Endorsement, signed by at least 2/3 of vestry and the Rector [a blank form for Your use is included with this application form]

_____ 5. Letter of assessment and recommendation from sponsoring priest

_____ 6. Letter of assessment and recommendation from sponsoring vestry

_____ 7. Transcripts/Diplomas from colleges showing all degrees held

_____ 8. Letter of reference from employer or college advisor

_____ 9. Letter of assessment and recommendation from the Stevenson School for Ministry Dean

_____ 10. Personal reference of your choice

_____ 11. Physical examination completed and report on file in the Bishop's office

_____ 12. Psychiatric and psychological examinations completed and report on file in the Bishop's office

_____ 13. Background check accomplished (employment history, motor vehicle and credit reports and criminal*). Please contact the Bishop's Assistant to initiate this search. Contact information at the end of the application*

_____ 14. Additional information that you believe will be helpful to the COM and the Bishop in their discernment and decision

COSTS: Please note that the costs of the physical and psychological examinations are borne by applicant and sponsoring parish. The cost of the background check is borne by the diocese.

Diocese of Central Pennsylvania

APPLICATION FOR POSTULANCY

Full Name: ______________________________

Birth Date: ____________ Birth Place: ____________

Gender Identification: ____________ Pronouns: ____________

Home Address : ______________________________

____

Most Recent Previous Address: ______________________________

____

Email Address: ______________________________

Cell Phone: ____________ Home: ____________ Work: ____________

Work or School Address: ______________________________

____

Marital Status: ( ) Single ( ) Married

Name of Spouse: ______________________________

Previous Marriages: (list date of the marriage, date of divorce or death of spouse)

____

____

____

Children: (names and birth dates)

____________ ____________

____________ ____________

____________ ____________

Other personal or household information that will help the Bishop and Commission on Ministry know more about the reality of your life:

____

____

____

HEALTH:

General Statement of Health History and Health:

____

____

____

BAPTISMAL/CONFIRMATION/CHURCH AFFILIATION:

Baptismal Date: ____________________________

Name and Address of Church: ____

____

Confirmation Date ____________________________

Name and Address of the Church: ____

____

Name of Confirmation Bishop: ____

Present Church Membership:

Length of time you have been an active member of this congregation: ____________________________

Name and Address of Church: ____

____

Name of Rector: ____

Previous Church Membership(s):

____

____

____

Current Church Activities:

____________________________________ Year(s) Active: ______________

____________________________________ Year(s) Active: ______________

____________________________________ Year(s) Active: ______________

EDUCATION:

High School:

Name and Location: ____

Graduate: ( ) Yes Year __________ ( ) No

College

Name and Location: ____

Major: ____

Graduate: ( ) Yes Year __________ ( ) No

Graduate Education and/or Special Training Programs:

Name and Location: ____

Degrees/Awards/Honors/Certificates and Dates Earned:

____

____

PLEASE ATTACH TRANSCRIPTS

MILITARY SERVICE:

Branch: ______________________________ Rank Attained: __________________

Dates of Service: ____________________________
Current Status: ( ) active duty ( ) reservist ( ) honorable discharge ( ) dishonorable discharge

EMPLOYMENT INFORMATION:

Please list in chronological order all positions held in the past ten (10) years:

Name of Company: ________________________________ Phone: ____________________

Address: ____

Employment Date: From ________________ (Month/Year) To ________________ (Month/Year)

Duties: ____

____

Supervisor: ____

Contact Information: ____

Name of Company: ________________________________ Phone: ____________________

Address: ____

Employment Date: From ________________ (Month/Year) To ________________ (Month/Year)

Duties: ____

____

Supervisor: ____

Contact Information: ____

Name of Company: ________________________________ Phone: ____________________

Address: ____

Employment Date: From ________________ (Month/Year) To ________________ (Month/Year)

Duties: ____

____

Supervisor: ____

Contact Information: ____

Employment History continued

Name of Company: ______________________________ Phone: ________________

Address: ____

Employment Date: From _______________ (Month/Year) To ______________ (Month/Year)

Duties: ____

____

Supervisor: ____

Contact Information: ____

Name of Company: ______________________________ Phone: ________________

Address: ____

Employment Date: From _______________ (Month/Year) To ______________ (Month/Year)

Duties: ____

____

Supervisor: ____

Contact Information: ____

Name of Company: ______________________________ Phone: ________________

Address: ____

Employment Date: From _______________ (Month/Year) To ______________ (Month/Year)

Duties: ____

____

Supervisor: ____

Contact Information: ____

IF YOU NEED FURTHER LISTING SPACE PLEASE ATTACH A SEPARATE SHEET OF PAPER OR ATTACH YOUR RESUME

COMMUNITY LIFE:

Community Activities: Please list all major community or organizational activities in which you have participated unless previously described in this application.

____ Year(s) Active: ____________________

____ Year(s) Active: ____________________

____ Year(s) Active: ____________________

____ Year(s) Active: ____________________

AUTOBIOGRAPHICAL SKETCH

1. Using no more than two (2) pages, please write an autobiographical sketch of your life and spiritual journey. Please include your background, family, major events in your life, goals, personality and how you have learned to live by faith that will help us understand you better.

2. Using no more than two (2) pages, please tell us why you are seeking ordination to the Diaconate or Priesthood.

INFORMATION ABOUT PHYSICAL AND PSYCHOLOGICAL EXAMINATIONS

PHYSICAL EXAMINATION:
Physician of applicant's choice *Please use form provided [a copy is included with this application]*
Cost to be borne by applicant and sponsoring parish

PSYCHIATRIC AND PSYCHOLOGICAL EXAMINATIONS:
For Appointment, Please Contact: Samaritan Counseling Center
1803 Oregon Pike, Lancaster, PA 17601
Phone: (717) 560-9969
Cost to borne by applicant and sponsoring parish.

BACKGROUND CHECK: Initiated by contacting **Carolyn Patterson** at the Diocesan office.
236-5959 ext. 1101 or cpatterson@diocesecpa.org. Cost borne by diocese.

ENDORSEMENT OF POSTULANCY FOR HOLY ORDERS
DIOCESE OF CENTRAL PENNSYLVANIA

Date: ____________________________

To the Bishop and the Commission on Ministry
Harrisburg Pennsylvania

We, whose names are hereunder written, give it as our judgment that ____ is a confirmed, adult communicant in good standing in this parish. We declare that, in our opinion, this person possesses such qualifications as would be fitting for admission as a Postulant for Holy Orders.

Our judgement is based on:

(a) ______________ Personal knowledge of the applicant, or

(b) _____________ Evidence satisfactory to us.

Signed: ____ (Rectory)

_______________________________________ (Parish)

Vestry of the Parish

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

Attestation of the foregoing Certificate

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry of _________________, Pennsylvania Parish on the _________ day of _________________________ in the year of _____________,. and that the signed above are those of all (or a two-thirds majority of all) the members of the Vestry.

____ (signed)
Clerk or Secretary of the Vestry

Medical Examination

Required Under TITLE III, CANON 4, Sec. 2e(“of Postulants for Holy Orders”), Under TITLE III, CANON 6, Sec. 3 (“of Ordination to Deacons”), Under TITLE III, CANON 12, Sec. 1c (“of Clergy Ordained by Bishops of Other Churches in Communion with This Church”), and Under TITLE III, CANON 22, Sec. 3b (“of the Election and Ordination of Bishops”) of the Constitution and Canons (1994) for the Government of the Episcopal Church.

Name		Date of Birth
Your Home Address		Phone Number/Fax Number
Marital Status	Children and Ages	
Notify in Case of Illness		Phone Number/Fax Number
Personal Physician	Physician’s Address	Phone Number/ Fax Number

Please answer all questions below “Yes” or “No”; provide full details in space at bottom for any questions answered “Yes.”

Have You	**Yes**	**No**
1. Ever been rejected or paid extra money for insurance?	☐	☐
2. Ever received Workmen’s Compensation or other disability benefits?	☐	☐
3. Been rejected for employment on account of any physical or mental condition?	☐	☐
4. Ever received prescription drugs for mental illness or substance abuse?	☐	☐
5. Ever been a patient in a hospital?	☐	☐
6. Had any accidents, injuries or operations or contemplate any operation?	☐	☐
7. Received disability benefits or medical leave for any medical/psychiatric condition?	☐	☐
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	☐	☐
9. Ever left school or any position because of ill health?	☐	☐
10. Lost time from work or school in the past three years for medical reasons?	☐	☐

Provide *full details* here for all questions answered “Yes.” *Full details* include the condition, dates and durations. List the question number when answering. Usa additional sheets if necessary.

Check the appropriate box for the disorders you have or have had in the past.

Infections Diseases	Yes	No
Pneumonia	☐	☐
Frequent Sore Throats	☐	☐
Dysentery (Chronic)	☐	☐
Infantile Paralysis (Polio)	☐	☐
Syphilis	☐	☐
Gonorrhea	☐	☐
Skin diseases or eczema	☐	☐
Fevers	☐	☐
Recurrent Chills	☐	☐
Lymph node enlargement	☐	☐

Heart and Blood Vessels	Yes	No
High or low blood pressure	☐	☐
Heart disease	☐	☐
Pain in chest	☐	☐
Rheumatic fever	☐	☐
Heart murmur	☐	☐
Palpitations	☐	☐
Shortness of breath	☐	☐
Swollen ankles	☐	☐
Anemia or blood disease	☐	☐
Coagulation disorder	☐	☐
Elevated cholesterol	☐	☐

Digestive System	Yes	No
Ulcers	☐	☐
Jaundice	☐	☐
Hepatitis	☐	☐
Recurrent diarrhea	☐	☐
Bloody stools	☐	☐
Marked over or underweight	☐	☐
Recent weight loss	☐	☐
Gall bladder disease	☐	☐
Hernia (rupture)	☐	☐

Genitourinary System	Yes	No
Kidney disease	☐	☐
Kidney stones	☐	☐
Prostate disease	☐	☐
Bladder disease	☐	☐
Blood in urine	☐	☐
Pain in passing urine	☐	☐
Urinary tract infection	☐	☐

Respiratory System	Yes	No
Sinus Infection	☐	☐
Asthma	☐	☐
Hay Fever	☐	☐
Bronchitis	☐	☐
Pleurisy	☐	☐
Tuberculosis	☐	☐
Chronic cough	☐	☐
Chronic hoarseness	☐	☐
Coughing up blood	☐	☐
Tobacco use	☐	☐

Nervous System	Yes	No
Epileptic or other fits	☐	☐
Migraine	☐	☐
Meningitis	☐	☐
Mental or nervous diseases (family)	☐	☐
Mental or nervous diseases (self)	☐	☐
Dizzy spells	☐	☐
Fainting spells	☐	☐
Visual problems	☐	☐
Deafness	☐	☐
Ringing ears, hearing difficulty	☐	☐
Paralysis	☐	☐
Weakness of limbs	☐	☐
Numbness	☐	☐

Miscellaneous	Yes	No
Cancer	☐	☐
Lymphoma or Other Blood Disease	☐	☐
Diabetes or sugar disease (family)	☐	☐
Diabetes or sugar disease (self)	☐	☐
Thyroid disease	☐	☐
Foot problems	☐	☐
Back pain	☐	☐
Joint pain	☐	☐
Allergy to any food, medicine or injection	☐	☐
Blood transfusion	☐	☐
Arthritis	☐	☐
Use of nicotine on daily basis in the past five years.	☐	☐
Have you ever been a habitual user of any habit forming drugs or received treatment for alcoholism of drug abuse?	☐	☐
Have you ever had any illnesses (mental or physical?) or accidents other than those mentioned?	☐	☐

I hereby declare that my answers to the above questions are full and true.

This____________day of__________________, 2__________.

Signed at__________________________in my presence,

____.
(full signature of applicant)

____.
(Physician)

Outline for Physical Examination

1. (a) How long have you known applicant__________________________(b) in what relationship?_______________________.

2. (a) height without shoes:____________________(b) weight:__________________.

Vital Signs

Temperature ______________ Pulse ______________ Respiration____________Blood Pressure___________.

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head

Eyes: vision ☐
conjunctivae and sclaerae ☐
pupils size ☐
reaction ☐
equality ☐
appearance ☐

Ears: hearing ☐
air and bone conduction ☐
appearance of tympanic membranes ☐

Nose: obstruction to breathing ☐
septal deviation and/or perforation ☐
discharge ☐

Mouth: sores ☐
dental status ☐
appearance and palpation of mucosa, tongue, gums, floor of mouth ☐
appearance of tonsils, pharynx ☐
appearance and movement of uvula, palate, gag reflex

Lymph Nodes

Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands ☐

Chest

Appearance and function of chest wall ☐
Breasts: appearance, asymmetry, tenderness masses, nipple discharge ☐
Lungs: type of respiration, character of breath sounds; presence of rales, rhonchi wheezes or rubs ☐

Heart

Apex location, precordial movements of thrills ☐

Auscultation:
Heart sounds: S1, S2, S3, S4 ☐
Presence of murmurs, clicks, rub, split sounds ☐
Radiation of murmurs ☐

Neck

Palpable masses ☐
Thyroid ☐
Location of trachea ☐
Venous engorgement ☐
Bruits ☐
Flexibility ☐

Pulses

Carotids ☐
Brachials ☐
Radials ☐
Femorals ☐
Dorsalis pedis ☐
Posterior Tibials ☐

Summary of positive findings:

(con't from previous page)

Spine

- Mobility ☐
- Tenderness ☐
- Curvature ☐

Abdomen

- Appearance (distended, flat scaphoid) ☐
- Abnormal movements ☐
- Dilated veins ☐
- Stiae ☐

Ausculation:
- bowel sounds ☐
- bruits ☐
- rubs ☐

Percussion:
- distention ☐
- organ size (liver, spleen, bladder) ☐

Palpation:
- resistance ☐
- tenderness ☐
- rebound ☐
- organs (liver, spleen, bladder) ☐
- masses ☐
- epigastric or incisional hernia ☐

Neurological

- Mental status ☐
- Cranial nerves ☐
- Cerebellar function ☐
- Muscle strength ☐
- Reflexes ☐
- Gait and station ☐
- Rapid Sensory exam including vibratory ☐

Extremities

- Skin Color ☐
- Temperature ☐
- Texture ☐
- Varicosities ☐
- Clubbing ☐
- Edema ☐
- Joint Motions ☐
- Muscular Abnormalities ☐
- Circumference ☐

Genital, Prostate or Pelvic Examination

List any abnormal findings:

Rectal Exam and Stool Sample

List any abnormal findings:

LABORATORY

CBC	________
Fasting Chem Profile	________
U/A	________
EKG (if indicated)	________
PPD	________

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential information that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

____

This report should be mailed by examiner directly to the Bishop, and the information should be treated as strictly confidential.

______________________________M.D.
Examiner's Signature

____
Address

____

____