

THE EPISCOPAL DIOCESE OF 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	Attestation
Vestry/Bishop's Committee <i>(to be signed by two-thirds majority)</i>	We hereby certify that this certificate was signed at a meeting of the Vestry/Bishop's Committee of
Total number of vestry members: _____	_____
_____	Name of Congregation
_____	_____
_____	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
_____	_____
_____	Priest in Charge of the Congregation

Attached is our statement concerning the applicant and our letter of support committing our community to contribute financially to said preparation and our pledge to involve ourselves in the Nominee's preparation

to the Diaconate or Priesthood.
THE EPISCOPAL DIOCESE OF MAINE
APPLICATION FOR POSTULANCY
Application Inventory

Part I

Full Name _____

I accept the nomination of _____ in _____
(Name of Congregation) (Location)

Signature and Date _____
(Applicant's Signature)

Part II

A complete application consists of the following parts:

- Signature Page: Support of Clergy and Vestry
- Letter of Endorsement: Clergy
- Letter of Endorsement: Vestry or Bishop's Committee
- Acceptance of Nomination (Pt I above)

- Information Sheet
- Photograph
- 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

<i>For Office Use Only</i>
Anticipated Interview Day
Notes

THE EPISCOPAL DIOCESE OF MAINE
Application for Postulancy Information Sheet
*(Please attach a recent photograph ~ Please **PRINT** Clearly)*

Background Information

Name (Last, First, Middle/Maiden) _____

Address _____

City _____ State _____ Zip Code _____

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 Lane on _____ to discuss my call to Holy Orders.

Present Parish/Congregation _____, in _____, ME, and I have been a communicant in good standing since _____.

Name of Sponsoring Presbyter _____

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 reasons given: _____

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 circumstance in your living arrangements (ex: multigenerational household, working farm, tenants, etc.)?

Educational Background

School and Location

Major

Graduation Date

High School

_____ n/a _____

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 Bishop's Office for inclusion in your application packet. These letters should be from varied sources, and should not be from your rector, senior warden or vestry.

Questions? Concerns? Please be in touch with Barbara Martin.

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.

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 _____

Home Phone _____ Cell Phone _____

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 _____

Indebtedness

Total Consumer (credit card) Indebtedness _____
 Mortgage: Total indebtedness _____
 Auto Loans: Total indebtedness _____
 Education Loans: Total indebtedness _____
 Other loans (please list) _____

Have you ever declared bankruptcy? Yes or No
 If yes, when? date _____

Estimated expenses (monthly)

- 1. Housing
 - a) Mortgage or Rent _____
 - b) Utilities _____
 - c) Other Household Exp. _____
- 2. Food/clothing, etc. _____
- 3. Auto/travel _____
- 4. Insurance premiums _____
- 5. Child care _____
- 6. Child support/alimony _____
- 7. Stewardship/Pledge _____
- 8. Credit Card Payments _____
- 9. Education Loans/Interest _____
- 10. Other expenses (please list) _____

Total indebtedness payments _____

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.

Asset Information (include spouse/partner)

1. Liquid:

Average monthly checking account balance _____

Average monthly savings account(s) balance _____

Market value of any securities/mutual funds _____

2. Fixed:

Real estate equity (market value less indebtedness) _____

IRA's and/or retirement fund _____

Cash value of insurance policies _____

Estimated Resources (annual)

- 1. From liquid assets _____
- 3. Your net earnings, including any student income _____

- 3. Spouse/partner net earnings _____
- 4. Diocesan or parish grants _____
- 5. Gifts from parents/etc. _____
- 6. Other income (please list all sources & amt) _____

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

Useful Financial Planning information can be found at:

www.cpg.org/clients/seminarians/planaheadonline.cfm

PlanAhead Online is a financial planning tool for those seeking or considering ordination. This tool can help you plan for the financial reality of a career in ordained ministry in the Episcopal Church. You can forecast your income during and after formation, and upon retirement. The results are available only to you. If you wish, you may share them with your bishop or COHO companion.

How PlanAhead works:

1. enter basic information about yourself and your spouse (if appropriate),
2. based on the results, use PlanAhead's special features to develop your plan:
 - a. including steps for improving your plan
 - b. suggestions for managing reduced income and/or significant debt, as well as increasing your retirement income
 - c. investment world offers help in choosing a return rate for your pre-retirement investments and evaluate changes in your investments
 - d. advanced inputs and overrides lets you fit the model more closely to your situation.