



**Anglican Province of America  
Diocese of the Eastern United States  
Application for the Lay Ministry of Deaconess  
Cover Sheet/Process Checklist**

*This cover sheet, the Documentation Checklist, and the Application for the Lay Ministry of Deaconess must be completed in full and submitted with the canonically required letter to the Bishop Ordinary prior to appearing before the Bishop's Advisory Committee. Please attach additional sheets as required for the completion of any section. Completed applications should be mailed to the diocesan offices.*

Applicant Name (Last, First Middle Maiden)	Home Phone (with Area Code)
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*The following activities are the basic process which must be followed in preparing for the Ministry of a Deaconess in the Anglican Province of America. The course of study will be prescribed separately.*

**Aspirant**

Date	Discernment Activities
	Discuss vocation with parish priest
	Letter to Bishop Ordinary requesting aspirancy ( <i>copy to Board of Examining Chaplains Chairman</i> ), using all canonical letter items in Canon 1, Sec. 1d
	Aspirancy readings and essays assigned and discernment process ( <i>1 year</i> ) begins
	Canonical Letter ( <i>Canon 1, Sec. 1d</i> ) and Application for the Lay Ministry of Deaconess, with required fee, submitted to diocesan offices no sooner than 90 days before end of discernment period
	Testimonial of fitness from two Presbyters and twelve lay communicants ( <i>see Canon 22, Sec. 3</i> ) submitted to diocesan offices
	Doctor's examination and written report establishing physical and mental health submitted to diocesan offices
	Psychological testing results submitted to diocesan offices by psychologist selected by aspirant  <b>Check which inventory used:</b> <input type="checkbox"/> <b>MMPI</b> <input type="checkbox"/> <b>Other</b> _____ ( <i>provide name of inventory used</i> )
	Comprehensive background check ( <i>to be completed by diocesan agencies</i> )
	Interview with Bishop's Advisory Committee ( <i>all previous items must be completed before interview</i> )
	Interview with Bishop Ordinary
	Submit aspirancy essays, or other such requirement, to Board of Examining Chaplains
	Discernment process and study requirements completed
	Interview with Board of Examining Chaplains prior to candidacy
	Aspirant's name recorded in Book of Postulants as a Deaconess Candidate



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**Candidate**

<b>Date</b>	<b>Formation Activities</b>
	Completion of course of study as prescribed by Board of Examining Chaplains
	Submission of Ember Letters to Bishop Ordinary at the four seasons
	Two years elapsed since approval of candidacy
	Canonical Examination, written and oral
	Interview by Standing Committee for approval of setting apart
	Interview by Bishop Ordinary and approval of setting apart
	Setting Apart as Deaconess



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**Please indicate which documentation is included in your application.**

	Application for the Lay Ministry of Deaconess, signed original
	Cover Sheet/Process Checklist
	Canonically Required Letter ( <i>Canon 1, Sec. 1d</i> )

**Copies of each of the following are to be provided.**

	Birth Certificate
	Baptismal Certificate
	Confirmation Certificate
	Marriage Certificate
	Sealed College/University Transcripts for all degrees earned ( <i>These may be sent directly to the diocesan offices from the College or University</i> )
	Sealed Seminary Transcripts ( <i>These may be sent directly to the diocesan offices from the Seminary</i> )
	Military Discharge(s)
	Setting Apart documentation
	Suspension(s) or removal(s) documentation
	Drug and Alcohol Use Attachment(s)
	Emotional and Mental Health Attachment(s)
	Current Driver's License
	Other Attachment(s) as may be necessary



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*Please type or print in black ink. This application must be completed in full and submitted with the canonically required letter, the Documentation Checklist, and the Cover Sheet/Process Checklist prior to meeting with the Bishop's Advisory Committee. Please attach additional sheets as necessary for the completion of any section. Completed applications should be mailed to the diocesan offices. The applicant should always retain a copy of all submitted documents.*

**Personal Information**

Applicant's Name (Last, First Middle Maiden)											
Home Telephone (with Area Code)					Alternate Telephone (with Area Code)						
Home Street Address					Present Mailing Address						
City			State	Zip Code		City			State	Zip Code	
Date of Birth		Place of Birth (City, State, Country)				Applicant's E-mail Address					
Date of Baptism		Parish				Street Address					
		Affiliation/Denomination/Judicatory				City, State, Zip Code					
Date of Confirmation		Parish				Street Address					
		Affiliation/Denomination/Judicatory				City, State, Zip Code					
Date of Marriage		Parish				Street Address					
		Affiliation/Denomination/Judicatory				City, State, Zip Code					
Your Marital Status* <i>(check which best applies)</i>		Never Married			Married			Widowed			
		Separated			Divorced			Divorced and Remarried			
Your Husband's Marital Status* <i>(check which best applies)</i>		Married		Separated		Divorced		Divorced and Remarried			

\*If either you or your husband has been previously married or you are presently separated or divorced from one another, stop with the application and contact your parish priest for guidance.



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--

**Family Information** *Please provide the requested information for your Wife and Children.*

Full Name	Date of Birth	Place of Birth	Sex (M/F)	At home? (Y or N)
Husband				
Children				

**Character References** *Please list five friends, colleagues, classmates, etc., who have known you for the past fifteen years. Do not list anyone who is listed elsewhere on this form.*

From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone
From	To	Name	Street Address	Home Phone
		Relationship	City, State, Zip Code	Office Phone



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**Education Background** *Please list all education in reverse chronological order, beginning with most recent first, and include High School, GED, and part-time attendance.*

Dates Attended		Complete Name and Address of School	Diploma, Degree, Etc.	Major Field of Study	GPA
From	To	Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			
		Name			
		Street Address			
		City, State, Zip Code			



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**Employment History** *Please list in reverse chronological order, beginning with most recent first, all periods of employment, self-employment, part-time employment, and unemployment.*

From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving
From	To	Name of Employer	Immediate Supervisor
		Street Address	Telephone No.
		City, State, Zip Code	Reason for Leaving

**Military Service** *Please list all military service in reverse chronological order, including Reserve, National Guard, and Foreign Service. Attach all discharge papers.*

From	To	Branch of Service	Service Number	Type of Discharge
		Country	Rank at Discharge	
From	To	Branch of Service	Service Number	Type of Discharge
		Country	Rank at Discharge	







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**This page is to be completed only by those previously set apart as a Diaconess.**

**Setting Apart History** *Please list all below. Attach copies of all setting apart documents.*

Date	Affiliation/Denomination/Judicatory	Set Apart by	Street Address
		Telephone No.	City, State, Zip Code
Date	Affiliation/Denomination/Judicatory	Set Apart by	Street Address
		Telephone No.	City, State, Zip Code
Date	Affiliation/Denomination/Judicatory	Set Apart by	Street Address
		Telephone No.	City, State, Zip Code

**Suspensions or Removals**

Are you now, or have you ever been suspended or removed from your ministerial duties as a diaconess? <i>(please check one)</i>	<b>Yes</b>	If Yes, please provide specifics on an attached sheet of paper.
	<b>No</b>	

**Assignments** *Please list all parish assignments in reverse chronological order.*

From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position
From	To	Parish Name	Street Address	Telephone No.
		Affiliation/Denomination/Judicatory	City, State, Zip Code	Position



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**Criminal History** *You must record all criminal history information regardless of the final disposition of the matter. Any military actions against you must also be included. You may exclude minor traffic violations unless they were alcohol or drug related.*

Have you ever been arrested, charged, cited, held, or detained by Federal, State, or local law enforcement or juvenile authorities regardless whether the charge was dropped or dismissed against you or you were found not guilty? <i>(please check one)</i>	<b>Yes</b>	If Yes, give details below.
	<b>No</b>	

*List details of "Yes" answer from above.*

Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State
Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State
Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State
Date	Nature of Offense	Name of Law Enforcement Agency	Name of Court/Magistrate
	Penalty imposed/Other disposition	City, State	City, State

**Drug and Alcohol Use**

Have you ever tried, used, or possessed any narcotic, depressant, stimulant, hallucinogen, or cannabis or any mind-altering substance or any controlled substance as defined by law, even one time or on an experimental basis, except as prescribed by a physician? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	
Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis or any other controlled substance as defined by law? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	
Have you ever misused or abused any drug prescribed by a licensed physician for yourself or someone else? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	
Has your use of alcoholic beverages ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol related treatment or counseling? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	
Have you ever sought treatment from anyone for any drug or alcohol use or problem? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	
Has anyone ever recommended that you seek treatment for any drug or alcohol use or problem? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	

**Emotional and Mental Health**

Have you ever been treated for a mental, emotional, psychological, or personality disorder, condition, or problem? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	
Have you ever consulted or been counseled by any mental health professional? <i>(check one)</i>	<b>Yes</b>	If Yes, explain on separate paper.
	<b>No</b>	



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**Certification of Information**

**and**

**Authority for Release of Information and Records**

In the Name of the Father, and of the Son, and of the Holy Ghost. Amen.

The information that I, the applicant named above, have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission of any fact in my application or other materials accompanying or pertaining to this application will be justification for refusal of setting apart, termination of my candidacy, or the bringing of presentments in accordance with the Canons of this Church.

I understand that receipt of this application by the Diocese, or by its staff, agents, or agencies, is in no means a promise of future aspirancy, candidacy, or setting apart as defined by this Church.

I voluntarily authorize the Anglican Province of America, the Diocese of the Eastern United States, and their staff, agents, and agencies to verify the information pertaining to me and this application including, but not limited to, my education, employment, criminal record, consumer credit history, driving record, military service, general public records history, religious affiliations, and setting apart history and release from liability all persons and entities supplying or collecting such information. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Applicant's Street Address		City, State, Zip Code	
Applicant's Date of Birth	Applicant's Place of Birth	Applicant's Telephone No.	
Applicant's Driver's License No.	State	Applicant's Social Security No.	
Applicant's Signature			Date Signed