



**APPLICATION FOR HOLY ORDERS: DEACON  
FORM 5: NOMINEE'S APPLICATION FOR POSTULANCY**

**DIRECTIONS:** You may print this form and complete it manually **OR** you may type your responses on this form and print it for further processing.

**TO:** Bishop Knisely

**FROM (PRINT** Nominee's full name):

Date (mm/dd/yy) of birth:

Current street address:

City:

State:

ZIP code:

E-mail address:

Phone:

**RE: APPLICATION FOR POSTULANCY**

**DATE** (mm/dd/yy):

*I hereby make application to be admitted as a Postulant.*

Signature of Aspirant:

**NOTE:** With this form, attach written responses to all of the following items. Each response should be limited to 600 words or less:

1. Please outline a brief history of your involvement with the Church.
2. How does your family view your desire to enter into ordained ministry?
3. Please briefly describe how you practice "care of self" in terms of your physical, mental, and spiritual health.
4. Have you ever had a situation in your life such as a loss or a traumatic event where you have sought the help of a mental health professional? If not, how did you deal with the event and what tools did you use to recover?
5. Describe a ministry of direct service to the world in which you are currently involved.
6. How does your affirmative response to the question in the Baptismal Covenant (BCP, p. 305), "Will you proclaim by word and example the Good News of God in Christ?" shape your life and ministry?
7. What has been your experience of God?
8. What is your image of God? That is, what metaphors come to mind in how you think about God?

**NOTE: The cost of the canonically required psychological evaluation and initial background screening will be shared equally between the nominee, the sponsoring church, and the Diocese (The Constitution & canons of the Episcopal Church, 2012, Title III, canon 6, Sec. 2a.J, p. 71), Invoices will be sent to the sponsoring parish and to the postulant. A second background screening may be initiated before candidacy, the cost of which will be shared in the same manner.**

**If the nominee and/or church require financial assistance in this matter, please attach a check with partial payment and a letter requesting assistance for the remainder of the fee.**

**Please attach your check and mail it with this completed form to:**

**Bishop's Office, Episcopal Diocese of Rhode Island, 275 North Main Street, Providence, Rhode Island 02903-1298**