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## Application \* for Candidacy in the Office of Deaconesses

\* An application fee of \$200 is required: (Background check \$175 / Administrative fee \$25).

Please make check payable to: Episcopal Diocese of Fort Worth. See further instructions at the end of the form.

**Date of Application:** \_\_\_ / \_\_\_ / \_\_\_ (Month / Day / Year)

1. Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_  
*First Middle Last Month Day Year*

2. Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

3. Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_

4. Current Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

5. Parish \_\_\_\_\_ Church Phone \_\_\_\_\_  
Address \_\_\_\_\_ Rector/Vicar \_\_\_\_\_

6. How long have you been a member of the above Parish? \_\_\_\_\_

7. How long have you been a member of the Anglican Church? \_\_\_\_\_

8. How long have you been resident in this Diocese? \_\_\_\_\_

9. Baptized (Date) \_\_\_ / \_\_\_ / \_\_\_ Church & Place \_\_\_\_\_

By Whom? \_\_\_\_\_ (Attach Certificate or other verification)

10. Confirmed (Date) \_\_\_ / \_\_\_ / \_\_\_ Church & Place

\_\_\_\_\_ By Bishop  
(Attach Certificate or other verification)

\_\_\_\_\_ of (Jurisdiction) \_\_\_\_\_

11. Admitted to the Holy Communion \_\_\_ / \_\_\_ / \_\_\_ Where? \_\_\_\_\_

12. Have you ever applied for admission as a candidate for the Office of Deaconesses in any other Diocese, Missionary District, or any other jurisdiction, denomination, or church? If so, please indicate below where and when such application was made:

What was the disposition of that request?

13. A.) What Lay positions have you held?(Check all that apply)  
 Altar Guild\_\_\_ Women’s Ministry\_\_\_ Teacher\_\_\_ Vestry\_\_\_ Warden\_\_\_ Parish Council\_\_\_  
 Choir\_\_\_ Catechist\_\_\_ Youth Ministry\_\_\_ Short Term Missions\_\_\_ Campus Ministry\_\_\_  
 Other\_\_\_ (Explain)

B.) What do you think are your gifts for ministry as a Deaconess?

14. On separate page(s) please indicate the grounds on which you are moved to seek the office of Deaconess. Be as specific as you can.

### Family Information

15. Married \_\_\_ Single \_\_\_ Widow \_\_\_ Divorced \_\_\_

16. Husband’s name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

When / where baptized \_\_\_\_\_ Denomination \_\_\_\_\_

When / where confirmed \_\_\_\_\_ By whom \_\_\_\_\_

17. Children at home: (List below)  
 Name Date of Birth Baptized Confirmed

18. Is your husband supportive of your desire to seek the office of Deaconess?

19. Is he a member of the Anglican Church? Active in a local congregation?

20. Husband’s educational background: Check highest level attained.

High School\_\_\_ Undergraduate College\_\_\_ Bachelor’s Degree\_\_\_ Advanced Degree\_\_\_

Field of Study: \_\_\_\_\_

21. Will you taking on this ministry cause economic difficulty for your family?

22. What gifts for ministry does your husband say you possess that makes him support you pursuing this ministry?

*Note that at the request of the Bishop, a meeting with both the applicant and her husband may be requested as part of the discernment process.*

## Educational Background

List every institution of higher learning in the spaces below beginning with the most recent and working backwards to the oldest. Attach copies of transcripts.

<b>Institution Attended</b>	<b>Dates (from/to)</b>	<b>Field of Study</b>	<b>GPA</b>	<b>Degree Awarded</b>

Use additional sheets if needed.

## Employment History

List every employer in the spaces below beginning with the most recent and working backwards to the oldest.

<b>Employer</b>	<b>Dates</b>	<b>Position</b>	<b>Duties</b>	<b>Telephone Number</b>

Use additional sheets if necessary.

## Background Questionnaire

*Please answer truthfully. No answer will automatically disqualify an applicant. Failure to disclose negative information will result in disciplinary action or dismissal.*

1. Excluding minor traffic violations, have you ever been arrested for a felony or misdemeanor? Yes \_\_\_ No \_\_\_ Date \_\_\_/\_\_\_/\_\_\_ What was the result of this arrest?
  
2. Have you ever been terminated from employment for theft, moral turpitude, or other wrongful behavior? Yes \_\_\_ No \_\_\_ What were the circumstances?
  
3. Have you ever been under the care of a Psychiatrist or Psychologist ? Yes \_\_\_ No \_\_\_ What were the dates and circumstances?
  
4. Have you ever been treated for Drug and/or Alcohol Abuse? Yes \_\_\_ No \_\_\_ If yes, please give details and dates.
  
5. Do you have any serious or debilitating illness which has been previously diagnosed and which might prevent you from fulfilling your duties as a Deaconess? Yes \_\_\_ No \_\_\_ If yes, explain.
  
6. Would compensation be necessary for your well-being in order to serve in this office? Yes \_\_\_ No \_\_\_  
  
If yes, would you be willing to work outside the Church in order to serve where needed should it be necessary to do so? Yes \_\_\_ No \_\_\_

**References**

*List the name of your Rector or Minister in Charge of the parish you attend, and a minimum of two women communicants of the Church who have known you for at least three years, and who have attested to your basic character and Christian walk in testimonial letters concerning your fitness for the duties of a Deaconess. (The letter of recommendation from the Rector or Minister in Charge of your parish must include a declaration that you are a communicant of the Church in good standing.)*

Name	Address	Telephone #

***Attach testimonials***

**Instructions for Submitting Application**

We are required to conduct a background check on all who apply to become a Candidate for Clerical Orders or Deaconess in the Diocese of Fort Worth. Therefore, an application fee of \$200 is required (Background check, \$175 / Administrative fee, \$25). Checks for the application fee should be made payable to: Episcopal Diocese of Ft. Worth.

Please mail your application with required documentation and fees to the office of the Bishop Ordinary for the Diocese to which you are applying. Be sure to also include a current passport-sized picture of yourself and attach it to the upper right hand corner of the front page.

**Bishop's Evaluation of Applicant  
For Deaconess Candidate**

**Name** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

1. Notes on meeting with Applicant on \_\_\_/\_\_\_/\_\_\_ Was Applicant's clergyman present?

2. Medical Examination: Requested\_\_\_ Waived\_\_\_

3. Psychological Examination: Requested\_\_\_ Waived\_\_\_

4. Meeting with husband? Requested\_\_\_ Waived\_\_\_

5. Other:

**Applicant is** *Accepted*\_\_\_*Rejected*\_\_\_ **for Candidacy on** \_\_\_/\_\_\_/\_\_\_ .

Reason(s) for decision

**Bishop of Fort Worth**

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