

## Application for Postulancy

Applying for postulancy to $^{\ast}$					Today's D	Date*							
Oliaconate					Jun 💠	22 \$	2023	3 \$					
O Priesthood													
Name *					Date of B	Birth*							
					<b>\$</b>	<b>‡</b>		<b>\$</b>					
First Name	Middle Name	Last Name											
	(optional)												
Email*					Home Ad	ddress*							
					Address Line	۵1							
					Address Line	C 1							
					Address Line	- 0							
					Address Line	e Z							
												<b>\$</b>	
					City						State		ZIP Code
Primary Phone Number *					Type of P	hone Ni	umber*						
, , , , , , , , , , , , , , , , , , , ,					<ul><li>Mobile</li></ul>								
					O Home/								
					O Work								
					Other:								
Sponsoring Congregation *					Sponsorii	ng Pries	t (Or Sr	Ward	len if a	Priest	is not in place	*	
St. Andrew's, Aberdeen			\$										
			·		First Name					Last Nar	ne		
			St	atu	JS								
How long have you been a re	esident in this [	Diocese?*			How long congrega	g have yo ation?*	ou been	a mei	mber i	n good	standing with	your	

## Baptism Date of Baptism \* Denomination\* **+** Where \* By Whom \* Congregation, City, State Confimation When were you confirmed/received in The Episcopal Church? Date of Confirmation \* Where \* By Whom\* Congregation, City, State Postulancy Have you previously applied to or been nominated to postulancy?\* O Yes O No Personal Tithing/Stewardship Total annual income from all sources \* Tithing/charitable contributions \* Family Relationship Status\* Spouse's/Partner's Name (if applicable) Spouse's/Partner's Date of Birth First Name Last Name

If you have children or dependents please list their name and age below. Please also indicate if they live at your home.

Please list all post-second	Educa lary schools that you have attended, or a	ation are attending, regardless if you complete	d your degree, or not.		
School Name (1)					
Dates Attended (1)	Degree (1)	Area(s) of Specialization (1)	Completed? (1)  Yes  No		
School Name (2)					
Dates Attended (2)	Degree (2)	Area(s) of Specialization (2)	Completed? (2)  Yes  No		
School Name (3)					
Dates Attended (3)	Degree (3)	Area(s) of Specialization (3)	Completed? (3)  Yes  No		
School Name (4)					
Dates Attended (4)	Degree (4)	Area(s) of Specialization (4)	Completed? (4)  Yes  No		
Employment History					
Dates Employed (1)	Employer Name (1)	Position Title (1)	Reason for Leaving (1)		
	Daywood by Farmatas				

Dates Employed (2)	Employer Name (2)	Position Title (2)	Reason for Leaving (2)
Dates Employed (3)	Employer Name (3)	Position Title (3)	Reason for Leaving (3)
			3,47
D	- I N (0)	D T. (4)	5 ( ) ( )
Dates Employed (4)	Employer Name (4)	Position Title (4)	Reason for Leaving (4)
Dates Employed (5)	Employer Name (5)	Position Title (5)	Reason for Leaving (5)
	Life Expe	erience	
	Elle Exp		
Volunteer and Ministry Activities: Des	cribe your volunteer and ministry activi	ties over the last 10 years, both in the ch	urch and society.*
Hobbies/Interests *			

Rule of Life: Describe the rule or set of spiritual practices you follow in your devotional life.  $^{\ast}$ 

Vocational Goals: Please state whether you feel called to serve in a congregation (urban, rural, etc.) or elsewhere; full or part time.*
Statements  Please answer the questions below. Each response should be no more than 500 words. We recommend preparing your responses in a Word Processing document, utilizing the "word count" tool, and then copying/pasting your responses in each field.
1. Give a brief statement of faith and answer Jesus' question, "Who do you say that I am?" *
2. What did the congregation see in you that led them to nominate you for postulancy?*
3. Reflect on the transformations in your life and where you see God in the midst of them.*
4. Describe the development of your spiritual life. Identify events, experiences, human associations that have influenced your journey and reflect upon those influences.*

 $5. What are your reasons for seeking ordained ministry? Describe the scope of your lay ministry. Explain why you believe ordination will enable you to offer something significantly different in terms of the church's total mission than lay ministry you now offer. \\^*$ 

6. Reflect and respond on the Diocese of Olympia's Six Expectations of Cler	gy.*	500/500
, , , , ,		
		500/500
7. How do you process and accept your own development of racial identity	and racial healing? Please include concrete examples. *	
Discernme	nt Overview	
	DI	
Date of first Phase 2 Meeting *  \$\displays \displays \d	Phase 2 Discernment Leader *	
	First Name Last Name	
Discernment Leader Email *	Discernment Leader Phone *	
Number of Meetings *	Length of Meetings*	
\$		
Describe your overall discernment process with the highlights of your person	onal learning about your call to ordained ministry.*	
Please limit your response to 500 words.		
	Assessment	
If you are married, or partnered, please have your spouse/ https://dioceseofolympia1551.formstack.co	partner complete their own Financial Assessment at this m/forms/spouse_parner_financial_assessment.	s link:

Please check all that apply:			
☐ I am starting to develop an up-to-date financial plan.			
I have an updated financial plan.			
I have analyzed my cash flow.			
I have established a rainy day fund for emergencies.			
I have completed a net worth statement (assets minus debts or liabilities).			
I am saving money on a regular basis for the future.			
I have reviewed my life, health, disability, long term care, auto, home, and liabilit	y insurance	coverage.	
I have a national credit card in my own name.			
I have discussed finances with appropriate family members.	6 10	7	
I have documents pertaining to my personal and family finances where my famil	/ can πnα tn	iem (property deeds, automobile titles, wills, insurance policies, and birth,	
investment, marriage, divorce certificates).	if cont over	st av life shange	
☐ I know approximately what my financial situation would be in the event of a sign ☐ If I should die suddenly, it would be easy for my survivors to determind who sho			
If I should die suddenly, it would be easy for my survivors to understand their to			
I know my retirement benefits.	.ai iiiiaiiciai	picture.	
I know appropriately what my Social Security income will be in retirement.			
I know appropriately what the future income from my investments in retiremen	t		
☐ I have authorized another person to act on my behalf under a "power of attorne		t and living will.	
I have an advanced directive/health care proxy.	,		
I have an up-to-date will.			
Financial Inform	ation	and Worksheet	
Housing Status*	Но	w much do you pay per month as rent/mortgage?*	
Rent			
Own			
Use the fields below to determin	e vour a	ssets. liabilities. and net worth.	
	,	,	
	Assets		
Real Estate	Inv	restments	
\$	\$		<b>\$</b>
Cash and Cavings Assessmen	Mal	bisto	
Cash and Savings Accounts	vei	hicles	
\$	\$		<b>\$</b>
Furniture/Household Items	Ot'	her Assets	
\$	\$		<b>\$</b>
Total Assets			
\$ 0.00			<b>\$</b>
This field will auto-calculate.			~
This neid will add0-calculate.			

Real Estate Loans		Vehicle Loans	
\$	\$	\$	\$
Student Loans		Credit Card Debt	
\$	<b>\$</b>	\$	<b>\$</b>
	V		V
Other Liabilities		Total Liabilities	
\$	\$	\$ 0.00	\$
		This field will auto-calculate.	
Assets - Liabilities = Net Worth			
\$ 0.00			<b>\$</b>
This field will auto-calculate.			
	Total Annual H	ousehold Income	
Employment		Spouse/Partner Employment	
\$	<b>\$</b>	\$	<b>\$</b>
Scholarships and Grants		Pending Financial Aid Applications	
\$	<b>\$</b>	\$	<b>\$</b>
Pensions and Social Security \$	_	Congregational Support	
,	\$	<b>•</b>	\$
Parents/Relatives Support		Investments and Savings	
\$	<b>\$</b>	\$	<b>^</b>
Other Sources		Total	
\$	÷	\$ 0.00	<b>\$</b>
		This field will auto-calculate.	
	Total Annu	ual Expenses	
Tithe		Charitable Contributions	
\$	<b>\$</b>	\$	\$
Rent/Mortgage and Utilities		Food	
\$	<b>\$</b>	\$	<b>\$</b>
	~		
Clothing		Transportation	
\$	÷	\$	<b>\$</b>
	Powered by Formst	rack Create your own form >	

Cell and Internet	Vacation and Entertainment
\$	\$
Other Living Expenses	Life Insurance
\$	\$
Medical/Dental	Automobile Insurance
\$	\$
Auto Loan	Credit Card Payment
\$	\$
Student Loan Payment	Other Loan Payment
\$	\$
Taxes	Child Support
\$	\$
Total Expenses	
\$ 0.00	\$
This field will auto-calculate.	
Latter of Assembly of the Nestern /Dist	on's Committee nomination to nestulancy

Letter of Acceptance of the Vestry/Bishop's Committee nomination to postulancy and a request to to be admitted to postulancy.

This letter should be addressed to the bishop, should include a brief statement of what leads you to respond to your congregation's nomination to postulancy. It must conclude with the following sentence: "I, (your name), in accordance with Canon III.6.3 or III.8.3.b (choose the relevant one), accept my nomination to the (diaconate/priesthood) as put forth by (Congregation/Community of Faith Name) and humbly request to be admitted to postulancy." This letter should be no more than one page in length and uploaded as a PDF document.

Letter of Acceptance

Choose File Remove File No File Chosen

### A Statement of Financial Support from your Congregation

This indicates the financial support of the Nominee's congregation of the expenses associated with postulancy (seminary support, professional fees, etc). You should have your Rector/Vicar/Priest-in-Charge/Sr Warden complete <a href="this form">this form</a>, and return to you in order to scan and upload in the space below.

Statement of Financial Support from Congregation

Choose File Remove File No File Chosen

#### Letter of Support from the Nominee's clergy/leader exercising oversight.

The Clergy/Leader exercising oversight should prepare a Letter of Support, addressed to the Bishop, in support of the Nominee's potential postulancy and ordination. There is no limit to the length of this letter.

Clergy/Leader Exercising Oversight Letter of Support

Choose File Remove File No File Chosen

#### Letter of Support from the Nominee's Vestry/Bishop's Committee.

In accordance with Canon III.8.3a, this must be signed by two-thirds of the Vestry/Bishop's Committee and signed by the clergy/leader exercising oversight. A template for this letter may be found <a href="https://exercises.org/leader-exercising-new-thirds-exercises.org/leader-exercising-exercises.org/leader-exercises.org/leader-exercising-exercises.org/leader-exer

Vestry/Bishop's Committee Letter of Support

Choose File Remove File No File Chosen

# Letter from the Nominee's Phase 2 Discernment Group that was sent to the Vestry/Bishop's Committee

This letter should identify the members of the discernment group and be signed by them. There is no limit to the length of this letter.

Letter from Phase 2 Discernment Group

Choose File Remove File No File Chosen

#### **Certification of Application**

certify that the information contained on this form and in all materials is true, correct and complete to the best of my knowledge. $^{st}$	

Use your mouse or finger to draw your signature above

[clear]

Save and Resume Later

Submit Form